

SERFF Tracking #:

AGNY-128927498

State Tracking #:

Company Tracking #:

NUFIC-AH-BCAS-SRP-DC-13-01-R

State: District of Columbia

Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.001 Student

Product Name: Blanket College Accident and Sickness

Project Name/Number: NUFIC-AH-BCAS-SRP-DC-13-01-R/NUFIC-AH-BCAS-SRP-DC-13-01-R

### Rate Information

Rate data applies to filing.

Filing Method: Prior approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing: N/A new product

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
National Union Fire Insurance Company of Pittsburgh, Pa.	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

State: District of Columbia Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.001 Student

Product Name: Blanket College Accident and Sickness

Project Name/Number: NUFIC-AH-BCAS-SRP-DC-13-01-R/NUFIC-AH-BCAS-SRP-DC-13-01-R

### Rate Review Detail

#### COMPANY:

Company Name: National Union Fire Insurance Company of Pittsburgh, Pa.

HHS Issuer Id: 00000

Product Names: College Accident and Sickness

Trend Factors:

#### FORMS:

New Policy Forms: S30749NUFIC-SRP-DC

Affected Forms:

Other Affected Forms:

#### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 0

Benefit Change: None

Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

#### PRIOR RATE:

Total Earned Premium:

Total Incurred Claims:

Annual \$: Min: Max: Avg:

#### REQUESTED RATE:

Projected Earned Premium: 6,890,742.00

Projected Incurred Claims: 5,296,707.00

Annual \$: Min: 92.74 Max: 216.40 Avg: 154.57

**SERFF Tracking #:**

AGNY-128927498

**State Tracking #:****Company Tracking #:**

NUFIC-AH-BCAS-SRP-DC-13-01-R

**State:**

District of Columbia

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, Pa.

**TOI/Sub-TOI:**

H04 Health - Blanket Accident /Sickness/H04.001 Student

**Product Name:**

Blanket College Accident and Sickness

**Project Name/Number:**

NUFIC-AH-BCAS-SRP-DC-13-01-R/NUFIC-AH-BCAS-SRP-DC-13-01-R

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		RULES AND RATE MANUAL	S30749NUFIC-SRP-DC, et al.	New		Rate Manual - S30749 PPACA SRP DC 040213.pdf,

**RULES AND RATE MANUAL  
FOR  
STUDENT BLANKET ACCIDENT AND SICKNESS POLICY  
FORM S30749NUFIC-SRP-DC**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

**Rule 1.**

Form available with this policy form:

S30749NUFIC-SRP-DC

**Rule 2.**

The rates shall apply to policy form S30749NUFIC- SRP-DC.

**Rule 3. Program Rates**

**Table 1 - Description of Requested Coverage**

	Coverage Details
Accidental Death & Dismemberment	Complete based on Program Description for each College / University
Emergency Evacuation Expense Benefit	
Security Evacuation Expense Benefit	
Repatriation of Remains Expense Benefit	
Vision Care Expense	
Dental Treatment Expense	
Prescribed Medicines Expense	
Notes on Medical Benefits	
Limits	
Lifetime Maximum	
In Hospital Benefits	
Daily Room & Board	
Intensive Care Services	
Miscellaneous Hospital Expense	
Pre-Admission Testing	
Private Duty Nursing	
Physiotherapy	
Surgical Expense	
Anesthesia	
Assistant Surgeon	
In Hospital Doctor's Fees Expense	
Outpatient Expenses	
Surgery - Surgeon Fee	
Surgery - Facility Fee	
Emergency Room	
Laboratory and X Ray Examinations	
Physiotherapy	
Radiation Therapy and Chemotherapy	
Durable Medical Equipment and Orthopedic Appliance	
Out of Hospital Doctor's Fees Expense	
Consultant's Fees Expense	
Ambulance Expense	

**Table 1 - Description of Requested Coverage (continued)**

	Coverage Details
Additional Benefits - only if not already included in above coverages	
Alcoholism and Substance Abuse Expense - Inpatient	
Alcoholism and Substance Abuse Expense - Outpatient	
Diabetes Expense	
Home Health Care Expense	
Hospice Care Expense	
Mammography and Cervical Cytological Screening Expense	
Colorectal Cancer Screening Expense	
Breast Cancer Treatment	
Reconstructive Breast Surgery	
Prostate Cancer Screening	
TMJ Expense	
Craniofacial Abnormalities Expense	
Acquired Brain Injury Expense	
Hearing Impairment Screening	
Bone Mass Measurement Expense	
Chlamydia Screening Test Expense	
Dental Anesthesia Expense	
Lead Poisoning Screening Expense	
Maternity Testing Expense	
CAT Scan and Magnetic Resonance Imaging	Complete based on Program Description for each College / University
Bone Marrow Transplant Expense	
Clinical Trials Expense	
Cleft Lip and Cleft Palate Expense	
Abortion Expense - Coverage Included for all	
Abortion Expense - Optional Coverage	
Psychiatric Conditions Expense - Inpatient	
Psychiatric Conditions Expense - Outpatient	
Prescribed Contraceptive Expense	
Medical Foods Expense	
Drug Treatment of Children's Cancer Expense	
Rehabilitation Facility	
Chiropractic Services	
Urgent Care Expense	
Solid Organ Transplant Expense Benefit	
Diagnosis and Treatment of Sleep Disorders	
Wellness Services Expense	
Routine Screening for Sexually Transmitted Disease Expense	
Acupuncture in Lieu of Anesthesia Expense	
Transsexualism / Gender Identity Disorder Expense	

**Table 1 - Description of Requested Coverage (continued)**

	Coverage Details
Additional Benefits - only if not already included in above coverages	
HPV Testing Expense	
Dialysis Treatment Expense	
Dialysis and Filtration Procedures	
Skilled Nursing Facility	
Human Organ and Tissue Transplant Expense	
Dermatological Expense	
Allergy Testing	
Respiratory Therapy	
Prosthetic Appliances and Devices	
Rehabilitative Care - Physical Therapy	
Rehabilitative Care - Occupational Therapy	
Rehabilitative Care - Chiropractic	
Rehabilitative Care - Cardiac / Pulmonary	
Speech and Hearing Therapy	
Injections and / or immunizations	
Preventive Services mandated by PPACA	
Intravenous Home Therapy	
Transcutaneous Electrical Nerve Stimulation	
Preventive Health Services	
Routine Newborn Nursery Care	
Removal of non-malignant warts and lesions	
Braces and Appliances	
Voluntary HIV Screening Test Expense	
Oral Anti-cancer Medications	
Habilitative Services for Children	
Newborn Haring Impairment	

Complete based on Program Description for each College / University



**Table 1a - Example of Description of Requested Coverage**

	Coverage Details
Accidental Death & Dismemberment	\$25,000 Principal Sum, AD Only
Emergency Evacuation Expense Benefit	\$0 Deductible; \$25,000 Maximum
Security Evacuation Expense Benefit	\$0 Deductible; \$25,000 Maximum
Repatriation of Remains Expense Benefit	\$10,000 Maximum benefit
Vision Care Expense	Not Included
Dental Treatment Expense	Not Included
Prescribed Medicines Expense	\$10/\$25/\$40; \$500,000 max
Notes on Medical Benefits	
Limits	\$250 Deductible; \$1,000,000 max.
Lifetime Maximum	4x Annual Maximum
In Hospital Benefits	
Daily Room & Board	Included
Intensive Care Services	Included
Miscellaneous Hospital Expense	Plan Maximum
Pre-Admission Testing	Included
Private Duty Nursing	\$80 per shift
Physiotherapy	\$50 per day, up to Maximum \$2,500
Surgical Expense	Plan Maximum
Anesthesia	Included
Assistant Surgeon	Included
In Hospital Doctor's Fees Expense	\$0 Co-Pay; \$200 max per visit
Outpatient Expenses	
Surgery - Surgeon Fee	Plan Maximum
Surgery - Facility Fee	Plan Maximum
Emergency Room	\$0 Co-Pay; Plan Maximum
Laboratory and X Ray Examinations	Plan Maximum
Physiotherapy	\$20 Co-Pay; \$50/ day; 90 days
Radiation Therapy and Chemotherapy	Plan Maximum
Durable Medical Equipment and Orthopedic Appliance	Plan Maximum
Out of Hospital Doctor's Fees Expense	\$10 Co-Pay, \$50 /visit; max 60 visits
Consultant's Fees Expense	\$10 Co-pay; \$50 /visit; max 30 visits
Ambulance Expense	\$500.00

**Table 1a - Example of Description of Requested Coverage (continued)**

	Coverage Details
Additional Benefits - only if not already included in above coverages	
Alcoholism and Substance Abuse Expense - Inpatient	Included above
Alcoholism and Substance Abuse Expense - Outpatient	Included above
Diabetes Expense	Additional benefit
Home Health Care Expense	Maximum 30 days
Hospice Care Expense	Plan maximum
Mammography and Cervical Cytological Screening Expense	Included above
Colorectal Cancer Screening Expense	Included above
Breast Cancer Treatment	Included above
Reconstructive Breast Surgery	Included above
Prostate Cancer Screening	Included above
TMJ Expense	Included above
Craniofacial Abnormalities Expense	Included above
Acquired Brain Injury Expense	Included above
Hearing Impairment Screening	Included above
Bone Mass Measurement Expense	Included above
Chlamydia Screening Test Expense	Included above
Dental Anesthesia Expense	Included above
Lead Poisoning Screening Expense	Included above
Maternity Testing Expense	Included above
CAT Scan and Magnetic Resonance Imaging	Included above
Bone Marrow Transplant Expense	Included above
Clinical Trials Expense	Included above
Cleft Lip and Cleft Palate Expense	Additional benefit
Abortion Expense - Coverage Included for all	Included above
Abortion Expense - Optional Coverage	Not elected
Psychiatric Conditions Expense - Inpatient	Included above
Psychiatric Conditions Expense - Outpatient	Included above
Prescribed Contraceptive Expense	Included above
Medical Foods Expense	Included above
Drug Treatment of Children's Cancer Expense	Included above
Rehabilitation Facility	Included above
Chiropractic Services	Included above
Urgent Care Expense	Included above
Solid Organ Transplant Expense Benefit	Included above
Diagnosis and Treatment of Sleep Disorders	Additional benefit
Wellness Services Expense	Included above
Routine Screening for Sexually Transmitted Disease Expense	Included above
Acupuncture in Lieu of Anesthesia Expense	Included above
Transsexualism / Gender Identity Disorder Expense	Included above

**Table 1a - Example of Description of Requested Coverage (continued)**

	Coverage Details
Additional Benefits - only if not already included in above coverages	
HPV Testing Expense	Included above
Dialysis Treatment Expense	Included above
Dialysis and Filtration Procedures	Included above
Skilled Nursing Facility	Included above
Human Organ and Tissue Transplant Expense	Included above
Dermatological Expense	Included above
Allergy Testing	Included above
Respiratory Therapy	Included above
Prosthetic Appliances and Devices	Included above
Rehabilitative Care - Physical Therapy	Included above
Rehabilitative Care - Occupational Therapy	Included above
Rehabilitative Care - Chiropractic	Included above
Rehabilitative Care - Cardiac / Pulmonary	Included above
Speech and Hearing Therapy	Included above
Injections and / or immunizations	Included above
Preventive Services mandated by PPACA	Included above
Intravenous Home Therapy	Included above
Transcutaneous Electrical Nerve Stimulation	Included above
Preventive Health Services	Included above
Routine Newborn Nursery Care	Included above
Removal of non-malignant warts and lesions	Included above
Braces and Appliances	Included above
Voluntary HIV Screening Test Expense	Additional benefit
Oral Anti-cancer Medications	Additional benefit
Habilitative Services for Children	Additional benefit
Newborn Haring Impairment	Additional benefit

*Table 2 - Development of Manual Claims Cost*

<i>Coverage</i>	<i>A</i> <i>Claim Cost</i>	<i>B</i> <i>Covered Percentage Adjustment</i>	<i>C</i> <i>Plan Adjustment</i>	<i>D</i> <i>Loss Cost</i>
Accidental Death & Dismemberment	Table 3		Table 72	=A*C
Emergency Evacuation Expense Benefit	Table 3		Table 8	
Security Evacuation Expense Benefit	Table 3		Table 8	
Repatriation of Remains Expense Benefit	Table 3		Table 9	
Vision Care Expense	Table 10		1.000	
Dental Treatment Expense	Table 3		Tables 11,11a	
Prescribed Medicines Expense	Table 3		Table 12	
<b>In Hospital Benefits</b>				
Daily Room & Board	Table 3	See Table 4	1.000	=A*B*C
Intensive Care Services			Table 15	
Miscellaneous Hospital Expense			1.000	
Pre-Admission Testing			1.000	
Private Duty Nursing			Table 18	
Physiotherapy			Table 19	
Surgical Expense			Table 19	
Anesthesia			Table 19	
Assistant Surgeon			Table 73	
In Hospital Doctor's Fees Expense				
<b>Outpatient Expenses</b>				
Surgery - Surgeon Fee	Table 3	See Table 4	Table 23	=A*B*C
Surgery - Facility Fee			Table 23a	
Emergency Room			Table 24	
Laboratory and X Ray Examinations			Table 25	
Physiotherapy			Table 26	
Radiation Therapy and Chemotherapy			Table 27	
Durable Medical Equipment and Orthopedic Appliance			Table 28	
Out of Hospital Doctor's Fees Expense			Table 29	
Consultant's Fees Expense			Table 75	
Ambulance Expense			Table 74	

*Table 2 - Development of Manual Claims Cost (continued)*

<i>Coverage</i>	<i>A</i> <i>Claim</i> <i>Cost</i>	<i>B</i> <i>Covered</i> <i>Percentage</i> <i>Adjustment</i>	<i>C</i> <i>Plan</i> <i>Adjustment</i>	<i>D</i> <i>Loss</i> <i>Cost</i>
Miscellaneous and Mandated Benefits				
Alcoholism and Substance Abuse Expense - Inpatient			1.000	
Alcoholism and Substance Abuse Expense - Outpatient				
Diabetes Expense				
Home Health Care Expense			Table 68	
Hospice Care Expense			Table 69	
Mammography and Cervical Cytological Screening Expense				
Colorectal Cancer Screening Expense			1.000	
Breast Cancer Treatment				
Reconstructive Breast Surgery				
Prostate Cancer Screening				
TMJ Expense			Table 42	
Craniofacial Abnormalities Expense				
Acquired Brain Injury Expense	Table 3	See Table 4		=A*B*C
Hearing Impairment Screening				
Bone Mass Measurement Expense			1.000	
Chlamydia Screening Test Expense				
Dental Anesthesia Expense				
Lead Poisoning Screening Expense				
Maternity Testing Expense				
CAT Scan and Magnetic Resonance Imaging			Table 52	
Bone Marrow Transplant Expense				
Clinical Trials Expense			1.000	
Cleft Lip and Cleft Palate Expense				
Abortion Expense - Coverage Included for all			Table 56	
Abortion Expense - Optional Coverage			Table 56	
Psychiatric Conditions Expense - Inpatient			Table 57	
Psychiatric Conditions Expense - Outpatient			Table 58	

*Table 2 - Development of Manual Claims Cost (continued)*

<i>Coverage</i>	<i>A Claim Cost</i>	<i>B Covered Percentage Adjustment</i>	<i>C Plan Adjustment</i>	<i>D Loss Cost</i>
Prescribed Contraceptive Expense	Table 3	See Table 4	1.000	=A*B*C
Medical Foods Expense			1.000	
Drug Treatment of Children's Cancer Expense			1.000	
Rehabilitation Facility			Table 70	
Chiropractic Services			Table 71	
Urgent Care Expense				
Solid Organ Transplant Expense Benefit				
Diagnosis and Treatment of Sleep Disorders				
Wellness Services Expense				
Routine Screening for Sexually Transmitted Disease Expense				
Acupuncture in Lieu of Anesthesia Expense				
Transsexualism / Gender Identity Disorder Expense				
HPV Testing Expense				
Dialysis Treatment Expense				
Dialysis and Filtration Procedures				
Skilled Nursing Facility				
Human Organ and Tissue Transplant Expense				
Dermatological Expense				
Allergy Testing				
Respiratory Therapy				
Prosthetic Appliances and Devices				
Rehabilitative Care - Physical Therapy				
Rehabilitative Care - Occupational Therapy				
Rehabilitative Care - Chiropractic			Table 26	
Rehabilitative Care - Cardiac / Pulmonary			Table 26	
Speech and Hearing Therapy			Table 26	
Injections and / or immunizations				
Preventive Services mandated by PPACA				
Intravenous Home Therapy				
Transcutaneous Electrical Nerve Stimulation				
Preventive Health Services				
Routine Newborn Nursery Care				
Removal of non-malignant warts and lesions				
Braces and Appliances				
Voluntary HIV Screening Test Expense				
Oral Anti-cancer Medications				
Habilitative Services for Children				
Newborn Haring Impairment				
Subtotal			ST = sum of column D	
Risk Classification Factor				RCF
Deductible / Annual Maximum Adjustment				PAF
Lifetime Adjustment Maximum				ALF
Manual Claims Cost				MCC = ST*PAF*ALF

*Table 2a - Example of Development of Manual Claims Cost*

<i>Coverage</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>
	<i>Claim Cost</i>	<i>Covered Percentage Adjustment</i>	<i>Plan Adjustment</i>	<i>Loss Cost</i>
Accidental Death & Dismemberment	6.750		1.000	6.750
Emergency Evacuation Expense Benefit	0.200		0.979	0.196
Security Evacuation Expense Benefit	0.050		0.979	0.049
Repatriation of Remains Expense Benefit	0.020		0.870	0.017
Vision Care Expense	0.000		1.000	0.000
Dental Treatment Expense	0.000		0.000	0.000
Prescribed Medicines Expense	193.910		0.787	152.588
<b>In Hospital Benefits</b>				
Daily Room & Board	312.970	0.765	1.000	239.422
Intensive Care Services	80.540	0.765	1.000	61.613
Miscellaneous Hospital Expense	19.170	0.765	1.780	26.104
Pre-Admission Testing	23.010	0.765	1.000	17.603
Private Duty Nursing	8.344	0.765	1.000	6.383
Physiotherapy	15.650	0.765	0.588	7.041
Surgical Expense	42.340	0.765	1.050	34.010
Anesthesia	19.240	0.765	1.000	14.719
Assistant Surgeon	15.390	0.765	1.000	11.773
In Hospital Doctor's Fees Expense	21.820	0.765	0.853	14.235
<b>Outpatient Expenses</b>				
Surgery - Surgeon Fee	20.490	0.765	1.370	21.475
Surgery - Facility Fee	47.790	0.765	1.370	50.086
Emergency Room	255.710	0.765	1.170	228.873
Laboratory and X Ray Examinations	98.380	0.765	1.050	79.024
Physiotherapy	18.540	0.765	0.299	4.245
Radiation Therapy and Chemotherapy	21.550	0.765	2.370	39.071
Durable Medical Equipment and Orthopedic Appliance	28.510	0.765	1.170	25.518
Out of Hospital Doctor's Fees Expense	142.440	0.765	0.432	47.084
Consultant's Fees Expense	15.820	0.765	0.179	2.161
Ambulance Expense	85.530	0.765	0.529	34.613

*Table 2a - Example of Development of Manual Claims Cost (continued)*

<i>Coverage</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>
	<i>Claim Cost</i>	<i>Covered Percentage Adjustment</i>	<i>Plan Adjustment</i>	<i>Loss Cost</i>
Miscellaneous and Mandated Benefits				
Alcoholism and Substance Abuse Expense - Inpatient	0.000	0.765	1.000	0.000
Alcoholism and Substance Abuse Expense - Outpatient	0.000	0.765	1.000	0.000
Diabetes Expense	3.710	0.765	1.000	2.838
Home Health Care Expense	2.850	0.765	0.750	1.635
Hospice Care Expense	1.950	0.765	1.050	1.566
Mammography and Cervical Cytological Screening Expense	0.000	0.765	1.000	0.000
Colorectal Cancer Screening Expense	0.000	0.765	1.000	0.000
Breast Cancer Treatment	0.000	0.765	1.000	0.000
Reconstructive Breast Surgery	0.000	0.765	1.000	0.000
Prostate Cancer Screening	0.000	0.765	1.000	0.000
TMJ Expense	0.000	0.765	1.000	0.000
Craniofacial Abnormalities Expense	0.000	0.765	1.000	0.000
Acquired Brain Injury Expense	0.000	0.765	1.000	0.000
Hearing Impairment Screening	0.000	0.765	1.000	0.000
Bone Mass Measurement Expense	0.000	0.765	1.000	0.000
Chlamydia Screening Test Expense	0.000	0.765	1.000	0.000
Dental Anesthesia Expense	0.000	0.765	1.000	0.000
Lead Poisoning Screening Expense	0.000	0.765	1.000	0.000
Maternity Testing Expense	0.000	0.765	1.000	0.000
CAT Scan and Magnetic Resonance Imaging	0.000	0.765	1.000	0.000
Bone Marrow Transplant Expense	0.000	0.765	1.000	0.000
Clinical Trials Expense	0.000	0.765	1.000	0.000
Cleft Lip and Cleft Palate Expense	0.000	0.765	1.000	0.000
Abortion Expense - Coverage Included for all	0.000	0.765	1.000	0.000
Abortion Expense - Optional Coverage	0.000	0.765	1.000	0.000
Psychiatric Conditions Expense - Inpatient	0.000	0.765	1.000	0.000
Psychiatric Conditions Expense - Outpatient	0.000	0.765	1.000	0.000



*Table 2a - Example of Development of Manual Claims Cost (continued)*

<i>Coverage</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>
	<i>Claim Cost</i>	<i>Covered Percentage Adjustment</i>	<i>Plan Adjustment</i>	<i>Loss Cost</i>
Prescribed Contraceptive Expense	0.000	0.765	1.000	0.000
Medical Foods Expense	0.000	0.765	1.000	0.000
Drug Treatment of Children's Cancer Expense	0.000	0.765	1.000	0.000
Rehabilitation Facility	0.000	0.765	1.000	0.000
Chiropractic Services	0.000	0.765	1.000	0.000
Urgent Care Expense	0.000	0.765	1.000	0.000
Solid Organ Transplant Expense Benefit	0.000	0.765	1.000	0.000
Diagnosis and Treatment of Sleep Disorders	6.600	0.765	1.000	5.049
Wellness Services Expense	0.000	0.765	1.000	0.000
Routine Screening for Sexually Transmitted Disease Expense	0.000	0.765	1.000	0.000
Acupuncture in Lieu of Anesthesia Expense	0.000	0.765	1.000	0.000
Transsexualism / Gender Identity Disorder Expense	0.000	0.765	1.000	0.000
HPV Testing Expense	0.000	0.765	1.000	0.000
Dialysis Treatment Expense	0.000	0.765	1.000	0.000
Dialysis and Filtration Procedures	0.000	0.765	1.000	0.000
Skilled Nursing Facility	0.000	0.765	1.000	0.000
Human Organ and Tissue Transplant Expense	0.000	0.765	1.000	0.000
Dermatological Expense	0.000	0.765	1.000	0.000
Allergy Testing	0.000	0.765	1.000	0.000
Respiratory Therapy	0.000	0.765	1.000	0.000
Prosthetic Appliances and Devices	0.000	0.765	1.000	0.000
Rehabilitative Care - Physical Therapy	0.000	0.765	1.000	0.000
Rehabilitative Care - Occupational Therapy	0.000	0.765	1.000	0.000
Rehabilitative Care - Chiropractic	0.000	0.765	1.000	0.000
Rehabilitative Care - Cardiac / Pulmonary	0.000	0.765	1.000	0.000
Speech and Hearing Therapy	0.000	0.765	1.000	0.000
Injections and / or immunizations	0.000	0.765	1.000	0.000
Preventive Services mandated by PPACA	0.000	0.765	1.000	0.000
Intravenous Home Therapy	0.000	0.765	1.000	0.000
Transcutaneous Electrical Nerve Stimulation	0.000	0.765	1.000	0.000
Preventive Health Services	0.000	0.765	1.000	0.000
Routine Newborn Nursery Care	0.000	0.765	1.000	0.000
Removal of non-malignant warts and lesions	0.000	0.765	1.000	0.000
Braces and Appliances	0.000	0.765	1.000	0.000
Voluntary HIV Screening Test Expense	3.750	0.765	1.000	2.869
Oral Anti-cancer Medications	0.860	0.765	1.000	0.658
Habilitative Services for Children	0.000	0.765	1.000	0.000
Newborn Haring Impairment	0.000	0.765	1.000	0.000
Subtotal				1177.460
Risk Classification Factor				1.033
Deductible / Annual Maximum Adjustment				0.942
Lifetime Adjustment Maximum				0.990
Manual Claims Cost			MCC	1134.312

**Table 3 - Annual Base Claims Costs**

	Student	Spouse	Child
AD&D, per \$1000 Principal Sum	\$0.27	\$0.58	\$0.29
Emergency Evacuation Expense Benefit	\$0.20	\$0.43	\$0.12
Security Evacuation Expense Benefit	\$0.05	\$0.11	\$0.03
Repatriation of Remains Expense Benefit	\$0.02	\$0.03	\$0.02
Vision Care Expense	<i>See Table 10</i>		
Dental Treatment Expense	\$242.89	\$242.89	\$170.02
Prescribed Medicines Expense	\$193.91	\$344.16	\$251.62
In Hospital Benefits			
Daily Room & Board	\$312.97	\$555.48	\$288.97
Intensive Care Services	\$80.54	\$142.96	\$74.37
Miscellaneous Hospital Expense	\$19.17	\$34.03	\$17.70
Pre-Admission Testing	\$23.01	\$40.84	\$21.25
Private Duty Nursing	\$10.43	\$18.51	\$9.63
Physiotherapy	\$15.65	\$27.77	\$14.45
Surgical Expense	\$42.34	\$75.16	\$28.70
Anesthesia	\$19.24	\$34.16	\$13.05
Assistant Surgeon	\$15.39	\$27.33	\$10.44
In Hospital Doctor's Fees Expense	\$21.82	\$38.72	\$21.81
Outpatient Expenses			
Surgery - Surgeon Fee	\$20.49	\$36.35	\$32.29
Surgery - Facility Fee	\$47.79	\$84.82	\$75.35
Emergency Room	\$255.71	\$453.86	\$373.89
Laboratory and X Ray Examinations	\$98.38	\$174.61	\$162.16
Physiotherapy	\$18.54	\$32.90	\$29.82
Radiation Therapy and Chemotherapy	\$21.55	\$38.27	\$34.00
Durable Medical Equipment and Orthopedic Appliance	\$28.51	\$50.61	\$35.41
Out of Hospital Doctor's Fees Expense	\$142.44	\$252.81	\$281.82
Consultant's Fees Expense	\$15.82	\$28.10	\$31.31
Ambulance Expense	\$28.51	\$50.61	\$35.41

**Table 3 - Annual Base Claims Costs (continued)**

	Student	Spouse	Child
<i>...add these claims costs if expenses not covered by requested coverages</i>			
Alcoholism and Substance Abuse Expense - Inpatient	\$22.42	\$39.80	\$5.00
Alcoholism and Substance Abuse Expense - Outpatient	\$29.84	\$52.97	\$11.99
Diabetes Expense	\$3.71	\$3.71	\$3.48
Home Health Care Expense	\$2.85	\$2.85	\$0.70
Hospice Care Expense	\$1.95	\$1.95	\$0.39
Mammography and Cervical Cytological Screening Expense	\$39.94	\$39.94	\$0.00
Colorectal Cancer Screening Expense	\$0.63	\$0.63	\$0.15
Breast Cancer Treatment	\$0.53	\$0.53	\$0.02
Reconstructive Breast Surgery	\$0.32	\$0.32	\$0.01
Prostate Cancer Screening	\$0.79	\$0.79	\$0.16
TMJ Expense	\$2.90	\$2.90	\$0.87
Craniofacial Abnormalities Expense	\$0.00	\$0.00	\$56.71
Acquired Brain Injury Expense	\$0.27	\$0.27	\$0.27
Hearing Impairment Screening	\$0.00	\$0.00	\$6.03
Bone Mass Measurement Expense	\$3.60	\$3.60	\$0.72
Chlamydia Screening Test Expense	\$1.16	\$1.16	\$0.28
Dental Anesthesia Expense	\$3.05	\$3.05	\$4.44
Lead Poisoning Screening Expense	\$0.00	\$0.00	\$0.30
Maternity Testing Expense	\$12.68	\$25.37	\$0.00
CAT Scan and Magnetic Resonance Imaging	\$8.35	\$8.35	\$6.96
Bone Marrow Transplant Expense	\$0.55	\$0.55	\$0.79
Clinical Trials Expense	\$1.16	\$1.16	\$0.46
Cleft Lip and Cleft Palate Expense	\$0.00	\$0.00	\$25.14
Abortion Expense - Coverage Included for all	\$10.36	\$9.33	\$0.00
Abortion Expense - Optional Coverage	\$38.84	\$34.95	\$0.00
Psychiatric Conditions Expense - Inpatient	\$37.56	\$66.67	\$16.51
Psychiatric Conditions Expense - Outpatient	\$38.79	\$68.86	\$31.18

**Table 3 - Annual Base Claims Costs (continued)**

	Student	Spouse	Child
<i>...add these claims costs if expenses not covered by requested coverages</i>			
Prescribed Contraceptive Expense	\$63.33	\$77.73	\$2.87
Medical Foods Expense	\$0.00	\$0.00	\$1.80
Rehabilitation Facility	\$8.80	\$8.80	\$8.80
Chiropractic Services	\$6.70	\$11.91	\$10.79
Surveillance Tests for Ovarian Cancer Expense	\$1.80	\$1.80	\$0.00
Urgent Care Expense	\$56.00	\$99.41	\$91.38
Solid Organ Transplant Expense Benefit	\$9.72	\$10.50	\$4.50
Diagnosis and Treatment of Sleep Disorders	\$6.60	\$5.27	\$3.96
Wellness Services Expense	\$49.48	\$0.00	\$0.00
Routine Screening for Sexually Transmitted Disease Expense	\$35.26	\$19.02	\$0.00
Acupuncture in Lieu of Anesthesia Expense	\$1.20	\$2.12	\$0.82
Transsexualism / Gender Identity Disorder Expense	\$10.50	\$10.50	\$0.00
HPV Testing Expense	\$9.17	\$7.23	\$0.00
Dialysis Treatment Expense	\$16.19	\$16.19	\$10.79
Dialysis and Filtration Procedures	\$19.43	\$19.43	\$12.96
Skilled Nursing Facility	\$6.47	\$11.49	\$0.00
Human Organ and Tissue Transplant Expense	\$13.89	\$15.00	\$6.43
Dermatological Expense	\$5.89	\$10.46	\$11.66
Allergy Testing	\$35.96	\$63.82	\$86.31
Respiratory Therapy	\$10.43	\$9.36	\$17.99
Prosthetic Appliances and Devices	\$6.60	\$6.60	\$3.43
Rehabilitative Care - Physical Therapy	\$26.39	\$26.39	\$38.38
Rehabilitative Care - Occupational Therapy	\$26.39	\$26.39	\$38.38
Rehabilitative Care - Chiropractic	\$3.96	\$3.96	\$5.76
Rehabilitative Care - Cardiac / Pulmonary	\$1.05	\$1.05	\$1.53
Speech and Hearing Therapy	\$1.32	\$1.32	\$1.92
Injections and / or immunizations	\$24.06	\$42.70	\$46.83
Preventive Services mandated by PPACA	\$77.20	\$137.02	\$142.31
Intravenous Home Therapy	\$0.96	\$1.71	\$1.87
Transcutaneous Electrical Nerve Stimulation	\$0.53	\$0.92	\$0.13
Preventive Health Services	\$54.78	\$97.23	\$100.99
Routine Newborn Nursery Care	\$0.00	\$0.00	\$650.70
Removal of non-malignant warts and lesions	\$15.61	\$15.61	\$9.30
Braces and Appliances	\$7.37	\$13.09	\$9.15
Voluntary HIV Screening Test Expense	\$4.50	\$5.40	\$0.45
Oral Anti-cancer Medications	\$1.03	\$2.22	\$1.34
Oral Anti-cancer Medications	\$0.00	\$0.00	\$110.82
Habilitative Services for Children	\$0.00	\$0.00	\$6.45

**Table 3a - Coverage Limits**

Coverage	Coverage Limits
Accidental Death & Dismemberment	Per \$1,000 of Principal Sum; See Table 72
Emergency Evacuation Expense Benefit	Available limits as shown in Table 8
Security Evacuation Expense Benefit	Available Limits as shown in Table 8
Repatriation of Remains Expense Benefit	Available limits as shown in Table 9
Vision Care Expense	See Table 10
Dental Treatment Expense	Available limits as shown in Table 11, 11a
Prescribed Medicines Expense	Available limits as shown in Table 12
In Hospital Benefits	
Daily Room & Board	Claims Cost at \$3,500 per day. Claims Cost for other daily limits are proportionate. Hospital Admissions Co-Pay: Subtract \$7.34 per \$100 co-pay
Intensive Care Services	Claims Cost at \$7,000 per day. Claims Cost for other daily limits are proportionate
Miscellaneous Hospital Expense	Available limits as shown in Table 15
Pre-Admission Testing	100% of Allowable Charges
Private Duty Nursing	Claims cost at \$100 per unit of service (visit or shift). Other limits are proportionate.
Physiotherapy	Available limits as shown in Table 18
Surgical Expense	Available limits as shown in Table 19
Anesthesia	Claims Cost assumes limit of 25% of Surgical expense. Other limits are proportionate. Use same adjustment factor from Table 19 as used with Surgical Expense.
Assistant Surgeon	Claims Cost assumes limit of 25% of Surgical expense. Other limits are proportionate. Use same adjustment factor from Table 19 as used with Surgical Expense.
In Hospital Doctor's Fees Expense	Table 73
Outpatient Expenses	
Surgery - Surgeon Fee	Available limits as shown in Table 23
Surgery - Facility Fee	Available limits as shown in Table 23a
Emergency Room	Available limits as shown in Table 24
Laboratory and X Ray Examinations	Available limits as shown in Table 25
Physiotherapy	Available limits as shown in Table 26
Radiation Therapy and Chemotherapy	Available limits as shown in Table 27
Durable Medical Equipment and Orthopedic Appliance	Available limits as shown in Table 28
Out of Hospital Doctor's Fees Expense	Available limits as shown in Table 29
Consultant's Fees Expense	Table 75
Ambulance Expense	Table 74

<b>Table 3a - Coverage Limits (continued)</b>	
Coverage	Coverage Limits
Alcoholism and Substance Abuse Expense - Inpatient	Available limits as shown in Table 66
Alcoholism and Substance Abuse Expense - Outpatient	Available limits as shown in Table 66
Diabetes Expense	Same limits as any other Sickness
Home Health Care Expense	Available limits as shown in Table 68
Hospice Care Expense	Available limits as shown in Table 69
Mammography and Cervical Cytological Screening Expense	Same limits as any other Sickness
Colorectal Cancer Screening Expense	Same limits as any other Sickness
Breast Cancer Treatment	Same limits as any other Sickness
Reconstructive Breast Surgery	Same limits as any other Sickness
Prostate Cancer Screening	Same limits as any other Sickness
TMJ Expense	Available limits as shown in Table 42
Craniofacial Abnormalities Expense	Same limits as any other Sickness
Acquired Brain Injury Expense	Same limits as any other Sickness
Hearing Impairment Screening	Same limits as any other Sickness; no deductible applies
Bone Mass Measurement Expense	Same limits as any other Sickness
Chlamydia Screening Expense	Same limits as any other Sickness
Dental Anesthesia Expense	Same limits as any other Sickness
Lead Poisoning Screening Expense	Same limits as any other Sickness
Maternity Testing Expense	Same limits as any other Sickness
CAT Scan and Magnetic Resonance Imaging	Available limits as shown in Table 52
Bone Marrow Transplant Expense	Same limits as any other Sickness
Clinical Trials Expense	Same limits as any other Sickness
Cleft Lip and Cleft Palate Expense	Same limits as any other Sickness
Abortion Expense - Coverage Included for all	Available limits as shown in Table 56
Abortion Expense - Optional Coverage	Available limits as shown in Table 56
Psychiatric Conditions Expense - Inpatient	Available limits as shown in Table 57
Psychiatric Conditions Expense - Outpatient	Available limits as shown in Table 58

**Table 3a - Coverage Limits (continued)**

Coverage	Coverage Limits
Prescribed Contraceptive Expense	Same limits as any other Sickness
Medical Foods Expense	Same limits as any other Sickness
Drug Treatment of Children's Cancer Expense	Same limits as any other Sickness
Rehabilitation Facility	Available Limits as shown in Table 70
Chiropractic Services	Available Limits as shown in Table 71
Urgent Care Expense	Same limits as any other Sickness
Solid Organ Transplant Expense Benefit	Same limits as any other Sickness
Diagnosis and Treatment of Sleep Disorders	Same limits as any other Sickness
Wellness Services Expense	Same limits as any other Sickness
Routine Screening for Sexually Transmitted Disease Expense	Same limits as any other Sickness
Acupuncture in Lieu of Anesthesia Expense	Same limits as any other Sickness
Transsexualism / Gender Identity Disorder Expense	Same limits as any other Sickness
HPV Testing Expense	Same limits as any other Sickness
Dialysis Treatment Expense	Same limits as any other Sickness
Dialysis and Filtration Procedures	Same limits as any other Sickness
Skilled Nursing Facility	Same limits as any other Sickness
Human Organ and Tissue Transplant Expense	Same limits as any other Sickness
Dermatological Expense	Same limits as any other Sickness
Allergy Testing	Same limits as any other Sickness
Respiratory Therapy	Same limits as any other Sickness
Prosthetic Appliances and Devices	Same limits as any other Sickness
Rehabilitative Care - Physical Therapy	Same limits as any other Sickness
Rehabilitative Care - Occupational Therapy	Same limits as any other Sickness
Rehabilitative Care - Chiropractic	Available limits as shown in Table 26
Rehabilitative Care - Cardiac / Pulmonary	Available limits as shown in Table 26
Speech and Hearing Therapy	Available limits as shown in Table 26
Injections and / or immunizations	Same limits as any other Sickness
Preventive Services mandated by PPACA	Same limits as any other Sickness
Intravenous Home Therapy	Same limits as any other Sickness
Transcutaneous Electrical Nerve Stimulation	Same limits as any other Sickness
Preventive Health Services	Same limits as any other Sickness
Routine Newborn Nursery Care	Same limits as any other Sickness
Removal of non-malignant warts and lesions	Same limits as any other Sickness
Braces and Appliances	Same limits as any other Sickness
Voluntary HIV Screening Test Expense	Same limits as any other Sickness
Oral Anti-cancer Medications	Same limits as any other Sickness
Habilitative Services for Children	Same limits as any other Sickness
Newborn Haring Impairment	Same limits as any other Sickness

**Table 4 - Determination of Covered Percentage Adjustment Factor**

	<i>..Health Center...</i>			<i>...Out of Health Center...</i>		
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
	Weight	%Services Provided in setting	Covered Percentage of R&C	Weight	%Services Provided in setting	Covered Percentage of R&C
Hospital Inpatient	26.9%			19.0%		
Hospital Outpatient	21.1%			23.6%		
Surgical Inpatient	5.4%			2.8%		
Surgical Outpatient	6.3%			7.6%		
Office Visits	11.1%			16.8%		
Professional Inpatient	3.4%			2.6%		
Professional Outpatient	1.3%			1.6%		
DX&L	6.9%			8.7%		
Rx	13.6%			13.5%		
Other Services	4.0%			3.8%		

Coinsurance adjustment factor is equal to  $(A*B*C)+(D*E*F)$



**Table 4a - Example of Covered Percentage Adjustment Factor**

**Example**

The following is determined from underwriting information collected by the Company:

30% of Care provided in Health Center; 70% outside Health Center

Health Center charges covered at 80% of R&C; outside of Health Center at 75% of R&C

	<i>..Health Center...</i>			<i>...Out of Health Center...</i>		
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
	Weight	%Services Provided in setting	Covered Percentage of R&C	Weight	%Services Provided in setting	Covered Percentage of R&C
Hospital Inpatient	26.9%	30.0%	80.0%	19.0%	70.0%	75.0%
Hospital Outpatient	21.1%	30.0%	80.0%	23.6%	70.0%	75.0%
Surgical Inpatient	5.4%	30.0%	80.0%	2.8%	70.0%	75.0%
Surgical Outpatient	6.3%	30.0%	80.0%	7.6%	70.0%	75.0%
Office Visits	11.1%	30.0%	80.0%	16.8%	70.0%	75.0%
Professional Inpatient	3.4%	30.0%	80.0%	2.6%	70.0%	75.0%
Professional Outpatient	1.3%	30.0%	80.0%	1.6%	70.0%	75.0%
DX&L	6.9%	30.0%	80.0%	8.7%	70.0%	75.0%
Rx	13.6%	30.0%	80.0%	13.5%	70.0%	75.0%
Other Services	4.0%	30.0%	80.0%	3.8%	70.0%	75.0%
Adjustment =	76.5%					

**Table 5 - Experience Based Rate Calculation Worksheet**

School	XXX U		
Midpoint of New Rating Period	XXX		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Enrollment	E1	E2	E3
Completed Claims	CC1	CC2	CC3
Remove Completed Large Losses	LL1	LL2	LL3
Adjusted Claims	AC1=CC1-LL1	AC2=CC2-LL2	AC3=CC3-LL3
PCF = value of new benefit package / old benefit package	PCF1	PCF2	PCF3
Enter months from midpoint of experience year to midpoint of new rating period	M1	M2	M3
Cumulative Trend	T1	T2	T3
Preliminary Projected Claims	PPC1 = AC1*PCF1*T1	PPC2 = AC2*PCF2*T2	PPC3 = AC3*PCF3*T3
Large Loss Load	LLL1	LLL2	LLL3
Final Projected Claims	PC1 = PPC1*LLL1	PC2 = PPC2*LLL2	PC3 = PPC3*LLL3
Experience Year Weights	EYW1	EYW2	EYW3
Experience Claims Cost	$EC = \frac{(PC1*EYW1 + PC2*EYW2 + PC3*EYW3)}{(EYW1*E1+EYW2*E2+EYW3*E3)}$		
<b>Table 5 Notes:</b>			
LLL = Large Loss Load			
Trend - 7.1% per year			

The PCF is calculated using relationships in this rate manual, policyholder and Company specific information, and other reliable industry data.

**Table 5a - Example of Experience Based Rate Calculation Worksheet**

School	XXX U		
Midpoint of New Rating Period	2/1/2013		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Enrollment	825	850	875
Completed Claims	499,125	561,000	616,875
Remove Completed Large Losses <sup>2</sup>	0	75,000	75,000
Adjusted Claims	499,125	486,000	541,875
PCF	1.23	1.23	1.23
Enter months from midpoint of experience year to midpoint of new rating period	36	24	12
Cumulative Trend	1.228	1.147	1.071
Preliminary Projected Claims	753,898	685,654	713,828
Large Loss Load	1.06	1.06	1.06
Final Projected Claims	799,132	726,793	756,658
Experience Year Weights	0.10	0.30	0.60
Experience Claims Cost		\$871.82	

**Table 5.1 - Credibility Factors**

<b><i>Renewal Business Credibility Factor</i></b>	
Step 1	(Number of Covered Lives/200)
Step 2	Take square root of Step 1
Step 3	Take minimum of Step 2 and 1.00
<b><i>Takeover Business Credibility Factor</i></b>	
Step 1	(Number of Covered Lives/250)
Step 2	Take square root of Step 1
Step 3	Take minimum of Step 2 and 1.00

**Table 6 - Risk Classification Factors**

	Low Value	High Value
<b><i>I. Enrollment Method</i></b>		
Mandatory	0.725	0.775
Mandatory / Upgrade	0.780	0.820
Hard Waiver	0.850	1.150
Voluntary	1.350	1.650
<b><i>II. Underwriting History</i></b>		
Renewal	0.960	1.040
Takeover with <2 years experience	1.045	1.075
Takeover with >2 years experience	1.020	1.040
Virgin Business	1.076	1.084
<b><i>III. Demographic Changes - Age</i></b>		
Increase in average age by 1 year	1.010	1.040
Decrease in average age by 1 year	0.960	0.988
<b><i>IV. Demographic Changes - Foreign Students</i></b>		
Increase in foreign students by 1%	1.005	1.025
Decrease in foreign students by 1%	0.975	0.995
Multiply all the applicable factors		
Minimum factor is .60.		
Maximum factor is 1.40		

**Table 6a - Example of Risk Classification Factors**

<b><i>I. Enrollment Method</i></b>	
Hard Waiver	1.000
<b><i>II. Underwriting History</i></b>	
Renewal	1.000
<b><i>III. Demographic Changes - Age</i></b>	
Increase in average age by 1 year	1.026
<b><i>IV. Demographic Changes - Foreign Students</i></b>	
Increase in foreign students by 0.5%	1.007
Multiply all the applicable factors	1.033

**Table 7 – Development of Gross Premium**

Manual Claims Cost	MCC	See Table 2
Experience Claims Cost	EC	See Table 5
Credibility Factor	CF	See Table 5.1
Experience Adjusted Claims Cost	$EACC = MCC*(1-CF)+EC*CF$	
Target Loss Ratio	TLR	
Gross Premium	$GP = EACC/TLR$	

**Notes**

Gross Premium may be rounded to nearest dollar  
Premium may be split by semesters or other time periods representing less than a year

**Table 7a – Example of Development of Gross Premium**

Manual Claims Cost	\$1,134.31
Experience Claims Cost	\$871.82
Credibility Factor	100.00%
Experience Adjusted Claims Cost	\$871.82
Target Loss Ratio	76.87%
Gross Premium	\$1,134.15

**Notes**

Gross Premium may be rounded to nearest dollar  
Premium may be split by semesters or other time periods representing less than a year

*Note with respect to the Patient Protection and Affordable Care Act (PPACA).* The PPACA contains a number of fees and taxes which may apply to this program during the period for which this rate manual is in effect. As of the date of this filing, the total amount and extent of the fees and taxes is not known. We will charge an additional premium to cover these fees and taxes.

*Note:* The Target Loss Ratio can vary by account, but it is always higher than the state required minimum loss ratio.

**Table 7.1 - Age Banded Rates**

Rates are normally quoted as a flat rate for all ages  
 At the request of the policyholder, rates will be quoted in age bands  
 The following Age Relativities are used

Age Band	Relativity
<25	1.000
25-34	2.017
35-44	2.502
>44	3.000

**Example of Age-Banded Rates**

Step 1	Calculate the Flat Rate from Table 7					1134.15
Step 2	Develop distribution of Insureds by Age Information provided by policyholder			Age Band	% Total	
				<25	0.85	
				25-34	0.10	
				35-44	0.03	
				>44	0.02	
				Total	1.00	
Step 3	Calculate weighted average rate					
		A	B	C	D	
		Age Band	Flat Rate	Relativity	Age-Adj. Rate	Weighting
		<25	1134.15	1.000	1134.15	0.85
		25-34	1134.15	2.017	2287.58	0.10
		35-44	1134.15	2.502	2837.64	0.03
		>44	1134.15	3.000	3402.45	0.02
		Total				
						1345.97
Step 4	Calculate ratio, R = Step 1 / Step 3				R=	0.842627
Step 5	Recalculate Rates					
		A	B	C	C	
		Age Band	Step 3, C	R	Final Rate	Weighting
		<25	1134.15	0.842627	\$955.67	0.85
		25-34	2287.58	0.842627	\$1,927.58	0.10
		35-44	2837.64	0.842627	\$2,391.07	0.03
		>44	3402.45	0.842627	\$2,867.00	0.02
		Total				
						1134.15

These are quoted rates

**Table PAF - Plan Adjustment Factors**

*...Maximum Benefit...*

Deductible	\$5,000	\$6,000	\$7,500	\$10,000	\$15,000	\$20,000
\$0	48.9%	50.6%	52.4%	54.3%	60.3%	67.0%
\$100	43.7%	46.3%	49.0%	51.8%	57.8%	64.5%
\$150	39.1%	42.6%	46.4%	50.6%	56.6%	63.3%
\$200	35.0%	39.3%	44.1%	49.5%	55.5%	62.1%
\$250	31.3%	36.2%	41.9%	48.5%	54.4%	61.1%
\$300	28.0%	33.3%	39.8%	47.4%	53.4%	60.0%
\$500	25.0%	30.1%	36.2%	43.5%	49.4%	56.1%
\$1,000	22.4%	26.2%	30.7%	35.9%	41.6%	48.3%
\$1,500	20.0%	22.8%	26.0%	29.6%	35.2%	41.8%
\$2,000	17.9%	19.9%	22.1%	24.6%	30.0%	36.6%
\$2,500	16.0%	17.3%	18.8%	20.4%	25.6%	32.2%

*...Maximum Benefit...*

Deductible	\$25,000	\$50,000	\$100,000	\$200,000	\$250,000	\$500,000
\$0	74.4%	85.9%	93.5%	96.9%	98.6%	99.6%
\$100	71.9%	83.4%	91.0%	94.4%	96.1%	97.1%
\$150	70.7%	82.3%	89.8%	93.2%	94.9%	95.9%
\$200	69.6%	81.2%	88.7%	92.1%	93.8%	94.8%
\$250	68.6%	80.1%	87.6%	91.0%	92.8%	93.8%
\$300	67.5%	79.1%	86.6%	90.0%	91.7%	92.7%
\$500	63.6%	75.2%	82.7%	86.1%	87.8%	88.8%
\$1,000	56.0%	67.5%	75.1%	78.5%	80.2%	81.2%
\$1,500	49.7%	61.2%	68.8%	72.1%	73.9%	74.9%
\$2,000	44.7%	56.2%	63.8%	67.1%	68.9%	69.9%
\$2,500	40.5%	52.0%	59.5%	62.9%	64.7%	65.7%

*...Maximum Benefit...*

Deductible	\$750,000	\$1,000,000	\$1,250,000	\$2,000,000	Unlimited
\$0	99.8%	100.0%	100.2%	100.5%	101.6%
\$100	97.3%	97.5%	97.7%	98.0%	99.1%
\$150	96.1%	96.3%	96.5%	96.8%	97.9%
\$200	95.0%	95.2%	95.4%	95.7%	96.8%
\$250	94.0%	94.2%	94.3%	94.7%	95.8%
\$300	92.9%	93.1%	93.3%	93.6%	94.7%
\$500	89.0%	89.2%	89.4%	89.7%	90.8%
\$1,000	81.4%	81.6%	81.8%	82.1%	83.2%
\$1,500	75.1%	75.3%	75.5%	75.8%	76.9%
\$2,000	70.1%	70.3%	70.5%	70.8%	71.9%
\$2,500	65.9%	66.1%	66.2%	66.6%	67.7%

**Table ALF - Lifetime maximum as multiple of annual maximum**

	1x	2x	3x	4x	5x	Unlimited
Annual maximum < \$25,000	0.82	0.88	0.94	0.97	0.99	
>= \$25,000; <\$750,000	0.94	0.96	0.98	0.99	1	
Annual Limit = \$750,000						1.02
Annual Limit = \$1,250,000						1.02
Annual Limit = \$2,000,000						1.02
Annual Limit = Unlimited						1.02

**Table 8 - Emergency Evacuation Coverage Limit Adjustments  
Limits**

Deductible	1,000	2,500	5,000	10,000	25,000	50,000
0	23.0%	46.5%	71.0%	88.5%	97.9%	99.8%
25	22.8%	46.1%	70.4%	87.8%	97.2%	99.0%
50	22.5%	45.7%	69.9%	87.1%	96.5%	98.3%
100	22.0%	44.9%	68.8%	85.8%	95.1%	96.9%
250	20.8%	42.8%	65.7%	82.1%	91.1%	93.0%
500	19.1%	40.0%	61.3%	76.6%	85.2%	87.1%
1,000	16.4%	35.2%	53.7%	67.1%	75.0%	76.8%
2,500	11.8%	24.6%	36.2%	45.7%	51.7%	53.4%

  

Deductible	100,000	250,000	500,000	1,000,000	2,000,000	unlimited
0	100.8%	101.8%	102.8%	103.8%	104.8%	105.8%
25	100.0%	101.0%	102.0%	103.0%	104.0%	105.0%
50	99.3%	100.3%	101.3%	102.3%	103.3%	104.3%
100	97.9%	98.9%	99.9%	100.9%	101.9%	102.9%
250	93.9%	94.8%	95.7%	96.7%	97.7%	98.7%
500	87.9%	88.8%	89.7%	90.6%	91.5%	92.4%
1,000	77.6%	78.4%	79.2%	80.0%	80.8%	81.6%
2,500	54.0%	54.5%	55.0%	55.6%	56.2%	56.8%

**Table 9 - Coverage Limit  
Adjustment for Repatriation of  
Remains**

Max. Benefit	Factor
\$1,000	17%
\$2,500	38%
\$5,000	64%
\$10,000	87%
\$15,000	90%
\$25,000	93%
\$50,000	97%
\$100,000	100%
\$250,000	103%
\$500,000	105%
\$1,000,000	107%
Unlimited	110%



**Table 10 - Vision - Derivation of Annual Claims Cost**

Service	Unit Cost	Utilization	Frequency	Cost
	A	B	C	= A x B x C
Exam	\$48.00	49.00%	100%	\$23.52
Contacts	\$80.00	13.80%	50%	\$5.52
Frames	\$57.90	26.90%	50%	\$7.79
SV lenses	\$33.00	17.50%	50%	\$2.89
Bifocal Lenses	\$45.00	3.20%	50%	\$0.72
Trifocal Lenses	\$60.00	6.20%	50%	\$1.86
			Total	\$42.30

Note: modify columns A, B, C as necessary to reflect actual plan provisions

**Table 11  
Dental Adjustment Factors**

	<i>Maximum per Policy Year</i>								
	\$100	\$200	\$250	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$5,000
Preventive/Basic									
100%/100%	42.0%	57.0%	69.0%	81.0%	95.0%	100.0%	104.0%	107.0%	111.2%
100%/90%	40.3%	54.7%	66.2%	77.8%	91.2%	96.0%	99.8%	102.7%	106.8%
100%/80%	38.6%	52.4%	63.5%	74.5%	87.4%	92.0%	95.7%	98.4%	102.2%
100%/70%	37.0%	50.2%	60.7%	71.3%	83.6%	88.0%	91.5%	94.2%	98.0%
100%/60%	35.3%	47.9%	58.0%	68.0%	79.8%	84.0%	87.4%	89.9%	93.4%
100%/50%	33.6%	45.6%	55.3%	64.7%	76.0%	80.0%	83.3%	85.6%	88.8%
100%/40%	31.9%	43.3%	52.6%	61.4%	72.2%	76.0%	79.2%	81.3%	84.2%
90%/90%	37.8%	51.3%	62.1%	72.9%	85.5%	90.0%	93.6%	96.3%	100.1%
90%/80%	36.3%	49.2%	59.6%	70.0%	82.1%	86.4%	89.9%	92.4%	95.9%
90%/70%	34.8%	47.2%	57.1%	67.1%	78.7%	82.8%	86.1%	88.6%	92.1%
90%/60%	33.3%	45.1%	54.6%	64.2%	75.2%	79.2%	82.4%	84.7%	87.9%
90%/50%	31.8%	43.0%	52.1%	61.3%	71.7%	75.6%	78.7%	80.8%	83.7%
90%/40%	30.3%	40.9%	49.6%	58.4%	68.2%	72.0%	75.0%	76.9%	79.6%
80%/80%	33.6%	45.6%	55.2%	64.8%	76.0%	80.0%	83.2%	85.6%	89.0%
80%/70%	32.3%	43.8%	53.0%	62.2%	73.0%	76.8%	79.9%	82.2%	85.4%
80%/60%	30.9%	42.0%	50.8%	59.6%	69.9%	73.6%	76.5%	78.8%	82.0%
80%/50%	29.5%	40.2%	48.6%	57.0%	66.8%	70.4%	73.1%	75.4%	78.6%
80%/40%	28.1%	38.4%	46.4%	54.4%	63.7%	67.2%	69.7%	72.0%	75.2%
70%/70%	29.4%	39.9%	48.3%	56.7%	66.5%	70.0%	72.8%	74.9%	77.8%
70%/60%	28.2%	38.3%	46.4%	54.4%	63.8%	67.2%	69.9%	71.9%	74.7%
70%/50%	27.0%	36.7%	44.5%	52.1%	61.1%	64.4%	67.0%	68.9%	71.6%
70%/40%	25.8%	35.1%	42.6%	49.8%	58.4%	61.6%	64.1%	65.9%	68.4%
60%/60%	25.2%	34.2%	41.4%	48.6%	57.0%	60.0%	62.4%	64.2%	66.7%
60%/50%	24.0%	32.6%	39.5%	46.3%	54.3%	57.2%	59.5%	61.2%	63.6%
60%/40%	22.8%	31.0%	37.6%	44.0%	51.6%	54.4%	56.6%	58.2%	60.4%
50%/50%	21.0%	28.5%	34.5%	40.5%	47.5%	50.0%	52.0%	53.5%	55.6%
50%/40%	19.8%	26.9%	32.6%	38.2%	44.8%	47.2%	49.1%	50.5%	52.5%
40%/40%	16.8%	22.8%	27.6%	32.4%	38.0%	40.0%	41.6%	42.8%	44.5%

**Table 11a - Dental Adjustment Factors**

		...Deductible Amount per Policy Year...					
Co-Pay per Visit	\$0	\$10	\$20	\$50	\$100	\$150	\$200
\$0	1.000	0.936	0.875	0.819	0.644	0.487	0.368
\$5	0.959	0.894	0.833	0.777	0.604	0.450	0.340
\$10	0.918	0.853	0.792	0.736	0.565	0.412	0.312
\$15	0.877	0.812	0.751	0.695	0.526	0.384	0.283
\$20	0.836	0.770	0.710	0.654	0.486	0.356	0.255
\$25	0.795	0.729	0.668	0.613	0.447	0.327	0.229
		...Deductible Amount per Policy Year...					
Co-Pay per Visit	\$250	\$500	\$1,000	\$1,500	\$2,000	\$2,500	
\$0	0.268	0.110	0.070	0.050	0.040	0.035	
\$5	0.249	0.103	0.063	0.043	0.033	0.028	
\$10	0.234	0.097	0.057	0.037	0.027	0.022	
\$15	0.220	0.092	0.052	0.032	0.022	0.017	
\$20	0.207	0.088	0.048	0.028	0.018	0.013	
\$25	0.193	0.084	0.044	0.024	0.014	0.009	
Per Tooth Limit	Limit	Factor					
	\$100	0.450					
	\$200	0.600					
	\$250	0.650					
	\$500	0.800					
	\$750	0.900					
	\$1,000	0.950					
	\$2,500	1.000					

*Multiply the Co-Pay/Deductible factor and the Per-Tooth Limit factor  
Apply adjustment to Claim Cost in Table 3, then apply adjustment from Table 11*

**Pricing Sublimits**

If this benefit contains different limits for different kinds of dentist visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Dental Injury Only	0.210
Impacted Wisdom Teeth	0.120
Dental Abscesses	0.040
Emergency Palliative Care	0.070
All Other	0.560

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 12 - Part 1 - Prescription Drug Expense  
Coverage Limit Adjustments**

- Step 1      Read Plan Specifications (see Table 1a)  
              Look up the Co-Pay
- Step 2      factor  
              This varies by Generic, Brand, Non-formulary
- Step 3      Look up the weighting  
              factor  
              Note: Use actual experience if available
- Step 4      Multiply Step 2 \* Step 3 and add
- Step 5      Look up the maximum benefit factor  
              Multiply Step 4 \* Step
- Step 6      5

Drug Type	Weighting Factor
Generic	0.1630
Brand Name Formulary	0.6077
Brand Name Non-Formulary	0.2293

**Table 12 - Part 2 - Prescription Drug Expense  
Coverage Limit Adjustments**

Formulary - Generic		Formulary - Brand		Non-Formulary			
Co-Pay	Co-Pay Factor	Co-Pay	Co-Pay Factor	Co-Pay	Co-Pay Factor	Covered %	Co-Pay Factor
\$0	1.0000	\$0	1.0000	\$0	1.0000	100%	1.2569
\$5	0.8650	\$5	0.9639	\$5	0.9530	90%	1.1312
\$10	0.7324	\$10	0.9279	\$10	0.9060	80%	1.0055
\$15	0.6186	\$15	0.8918	\$15	0.8593	70%	0.8798
\$20	0.5256	\$20	0.8558	\$20	0.8130	60%	0.7541
\$25	0.4456	\$25	0.8197	\$25	0.7677	50%	0.6285
\$30	0.3793	\$30	0.7842	\$30	0.7240	40%	0.5028
\$35	0.3281	\$35	0.7493	\$35	0.6812	30%	0.3771
\$40	0.2852	\$40	0.7147	\$40	0.6389	20%	0.2514
\$45	0.2493	\$45	0.6810	\$45	0.5987	10%	0.1257
\$50	0.2200	\$50	0.6482	\$50	0.5607	0%	0.0000
\$55	0.1943	\$55	0.6179	\$55	0.5253		
\$60	0.1719	\$60	0.5885	\$60	0.4918		
\$65	0.1548	\$65	0.5600	\$65	0.4588		
\$70	0.1407	\$70	0.5320	\$70	0.4274		
\$75	0.1292	\$75	0.5046	\$75	0.3988		
\$80	0.1195	\$80	0.4784	\$80	0.3722		
\$85	0.1109	\$85	0.4545	\$85	0.3480		
\$90	0.1033	\$90	0.4315	\$90	0.3253		
\$95	0.0966	\$95	0.4102	\$95	0.3042		
\$100	0.0905	\$100	0.3901	\$100	0.2842		
\$110	0.0797	\$110	0.3549	\$110	0.2504		
\$120	0.0705	\$120	0.3250	\$120	0.2245		
\$130	0.0638	\$130	0.2990	\$130	0.2040		
\$140	0.0577	\$140	0.2756	\$140	0.1862		
\$150	0.0526	\$150	0.2553	\$150	0.1717		
\$160	0.0484	\$160	0.2387	\$160	0.1592		
\$170	0.0446	\$170	0.2236	\$170	0.1477		
\$180	0.0411	\$180	0.2097	\$180	0.1373		
\$190	0.0381	\$190	0.1973	\$190	0.1277		
\$200	0.0354	\$200	0.1859	\$200	0.1187		
\$210	0.0328	\$210	0.1751	\$210	0.1109		
\$220	0.0303	\$220	0.1650	\$220	0.1035		
\$230	0.0279	\$230	0.1553	\$230	0.0965		
\$240	0.0256	\$240	0.1462	\$240	0.0902		
\$250	0.0235	\$250	0.1377	\$250	0.0845		
\$275	0.0188	\$275	0.1186	\$275	0.0713		
\$300	0.0149	\$300	0.1022	\$300	0.0611		
\$325	0.0114	\$325	0.0882	\$325	0.0533		
\$350	0.0083	\$350	0.0757	\$350	0.0463		
\$375	0.0061	\$375	0.0650	\$375	0.0397		
\$400	0.0043	\$400	0.0558	\$400	0.0336		
\$425	0.0030	\$425	0.0469	\$425	0.0283		
\$450	0.0022	\$450	0.0389	\$450	0.0253		
\$475	0.0017	\$475	0.0311	\$475	0.0231		
\$500	0.0013	\$500	0.0238	\$500	0.0212		

**Table 12 - Part 3 - Prescription Drug Expense Coverage Limit Adjustments**

Maximum Benefit Per Policy Period

Max.	Factor	Max.	Factor
\$25	0.0271	\$100,000	1.0050
\$50	0.0512	\$200,000	1.0100
\$100	0.0937	\$250,000	1.0150
\$250	0.1928	\$300,000	1.0200
\$500	0.3076	\$400,000	1.0250
\$1,000	0.4549	\$500,000	1.0300
\$2,500	0.6724	\$750,000	1.0350
\$5,000	0.8020	\$1,000,000	1.0400
\$10,000	0.9000	\$1,500,000	1.0450
\$15,000	0.9393	\$2,000,000	1.0500
\$20,000	0.9622	\$2,500,000	1.0550
\$25,000	0.9770	\$3,000,000	1.0600
\$30,000	0.9832	\$5,000,000	1.0650
\$40,000	0.9886	unlimited	1.0700
\$50,000	0.9924		
\$75,000	1.0000		

**Table 12a**

**Example of Prescription Drug Coverage Limit Adjustment**

From Plan Specifications:

Generic Co-Pay	\$10
Brand Name Co-Pay	\$25
Non-Formulary Co-Pay	\$40

Maximum Benefit per Policy Period \$500,000

Drug Type	Co-Pay Adjustment Factor	Weighting Factor	Weighted Average
Generic	0.7324	0.1630	0.1194
Brand Name Formulary	0.8197	0.6077	0.4981
Brand Name Non-Formulary	0.6389	0.2293	0.1465
			0.7640
Maximum Benefit per Policy Period			1.0300
Final Factor			0.7869

**Table 15****Miscellaneous In Hospital**

Daily Max.	Factor
\$500	34.0%
\$750	60.8%
\$1,000	68.4%
\$1,500	72.5%
\$2,000	73.6%
\$2,500	76.1%
\$4,000	79.3%
\$5,000	85.9%
Plan Maximum	178.0%

**Table 18****Physiotherapy - Inpatient****...Maximum Per Coverage Period...**

Max. Per Day	\$25	\$50	\$100	\$150	\$200	\$250	\$300
\$15	3.89%	6.39%	9.45%	11.29%	12.45%	13.31%	14.00%
\$50		8.72%	15.07%	19.96%	23.88%	27.15%	29.92%
\$75			16.32%	22.61%	27.52%	31.94%	35.82%
\$100			17.43%	23.79%	30.15%	35.03%	39.92%
\$200					34.86%	41.22%	47.58%
\$300							52.29%

**...Maximum Per Coverage Period...**

Max. Per Day	\$400	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$5,000
\$15	15.18%	16.12%	18.50%	19.28%	19.57%	19.75%	19.96%
\$50	34.34%	37.62%	46.67%	52.26%	56.12%	58.81%	64.28%
\$75	42.13%	47.27%	62.25%	70.01%	75.90%	80.58%	92.51%
\$100	47.76%	54.29%	75.25%	86.04%	93.34%	99.45%	117.61%
\$200	60.29%	70.06%	108.58%	133.28%	150.50%	162.58%	198.89%
\$300	65.26%	77.85%	127.76%	162.87%	189.07%	209.65%	266.22%

**...Maximum Per Coverage Period...**

Max. Per Day	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000	\$75,000	\$100,000	Plan Max.
\$15								19.96%
\$50	66.16%	66.52%						66.52%
\$75	97.87%	99.24%	99.69%	99.78%				99.78%
\$100	128.56%	131.15%	132.32%	132.86%	133.04%			133.04%
\$200	235.22%	250.52%	257.11%	260.29%	265.72%	266.08%		266.08%
\$300	322.32%	352.84%	370.05%	380.11%	394.96%	398.59%	399.12%	399.12%

**Table 19**

**In Hospital Surgical Expense**

Max. Benefit	Factor
\$250	3.8%
\$500	7.6%
\$750	11.4%
\$1,000	15.2%
\$2,500	38.0%
\$5,000	72.8%
\$7,500	85.4%
\$10,000	89.3%
Plan maximum	105.0%

**Table 23**

**Outpatient Surgery - Surgeon**

Max. Benefit	Factor
\$250	12.6%
\$500	24.9%
\$750	35.2%
\$1,000	44.1%
\$2,000	72.6%
\$3,000	83.3%
\$4,000	94.1%
\$10,000	100.0%
Plan Maximum	137.0%

**Table 23a**

**Outpatient Surgery - Facility**

Max. Benefit	Factor
\$500	12.6%
\$1,000	24.9%
\$1,500	35.2%
\$2,000	44.1%
\$5,000	72.6%
\$7,500	83.3%
\$10,000	94.1%
\$20,000	100.0%
Plan Maximum	137.0%

**Table 24 - Hospital Emergency Room***Maximum Benefit (after Co-Pay)*

Co-Pay	\$25	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000	\$7,500	Plan Max.
\$0	0.0179	0.0716	0.1789	0.3469	0.6173	0.8719	0.9674	1.0000	1.1700
\$50	0.0179	0.0716	0.1780	0.3418	0.6002	0.8390	0.9327	0.9642	1.1342
\$100	0.0179	0.0716	0.1761	0.3368	0.5831	0.8061	0.8980	0.9284	1.0984
\$125	0.0179	0.0716	0.1752	0.3329	0.5746	0.7896	0.8807	0.9105	1.0805
\$150	0.0179	0.0716	0.1743	0.3290	0.5660	0.7731	0.8633	0.8926	1.0626
\$200	0.0179	0.0706	0.1711	0.3213	0.5489	0.7402	0.8286	0.8569	1.0269
\$250	0.0174	0.0688	0.1680	0.3136	0.5319	0.7073	0.7939	0.8211	0.9911
\$300	0.0170	0.0679	0.1638	0.3067	0.5079	0.6753	0.7601	0.7862	0.9562
\$400	0.0163	0.0652	0.1547	0.2872	0.4617	0.6131	0.6944	0.7183	0.8883
\$500	0.0154	0.0615	0.1456	0.2704	0.4181	0.5536	0.6314	0.6531	0.8231
\$1,000	0.0093	0.0374	0.0935	0.1477	0.2131	0.3045	0.3697	0.3827	0.5527

**Table 25****Lab and X-ray Examinations**

Max. Benefit	Factor
\$25	10%
\$100	38%
\$250	65%
\$500	84%
\$1,000	88%
\$2,500	94%
\$5,000	98%
\$7,500	100%
Plan maximum	105%



**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$0 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1380	0.1726	0.2071	0.2416	0.2761	0.3106
\$75	0.2008	0.2510	0.3012	0.3514	0.4016	0.4518
\$100	0.2635	0.3294	0.3953	0.4611	0.5270	0.5929
\$125	0.3263	0.4078	0.4894	0.5710	0.6525	0.7341
\$150	0.3764	0.4705	0.5646	0.6587	0.7528	0.8469
\$200	0.4138	0.5172	0.6207	0.7241	0.8276	0.9310
\$250	0.4323	0.5403	0.6484	0.7565	0.8645	0.9726
\$300	0.4444	0.5556	0.6667	0.7778	0.8889	1.0000
\$350	0.4504	0.5629	0.6755	0.7881	0.9007	1.0133
\$400	0.4547	0.5683	0.6820	0.7957	0.9093	1.0230
\$450	0.4574	0.5718	0.6861	0.8005	0.9148	1.0292
\$500	0.4586	0.5733	0.6879	0.8026	0.9172	1.0319
\$550	0.4598	0.5747	0.6897	0.8046	0.9196	1.0345
\$600	0.4610	0.5762	0.6915	0.8067	0.9220	1.0372
\$750	0.4621	0.5777	0.6932	0.8087	0.9243	1.0398

(\*) net of any Co-Pay

**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$10 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1356	0.1694	0.2033	0.2372	0.2711	0.3050
\$75	0.1983	0.2478	0.2974	0.3470	0.3965	0.4461
\$100	0.2610	0.3263	0.3915	0.4568	0.5220	0.5873
\$125	0.3187	0.3984	0.4781	0.5577	0.6374	0.7171
\$150	0.3588	0.4485	0.5382	0.6279	0.7176	0.8073
\$200	0.3911	0.4889	0.5867	0.6844	0.7822	0.8800
\$250	0.4071	0.5088	0.6106	0.7124	0.8141	0.9159
\$300	0.4180	0.5225	0.6270	0.7315	0.8360	0.9405
\$350	0.4239	0.5299	0.6359	0.7418	0.8478	0.9538
\$400	0.4276	0.5345	0.6414	0.7483	0.8552	0.9621
\$450	0.4300	0.5376	0.6451	0.7526	0.8601	0.9676
\$500	0.4312	0.5391	0.6469	0.7547	0.8625	0.9703
\$550	0.4324	0.5405	0.6486	0.7567	0.8648	0.9729
\$600	0.4334	0.5418	0.6501	0.7585	0.8668	0.9752
\$750	0.4345	0.5432	0.6518	0.7604	0.8691	0.9777

(\*) net of any Co-Pay

**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$20 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1330	0.1663	0.1995	0.2328	0.2660	0.2993
\$75	0.1957	0.2447	0.2936	0.3425	0.3915	0.4404
\$100	0.2585	0.3231	0.3877	0.4524	0.5170	0.5816
\$125	0.3112	0.3889	0.4667	0.5445	0.6223	0.7001
\$150	0.3412	0.4264	0.5117	0.5970	0.6823	0.7676
\$200	0.3684	0.4606	0.5527	0.6448	0.7369	0.8290
\$250	0.3819	0.4774	0.5729	0.6683	0.7638	0.8593
\$300	0.3916	0.4895	0.5874	0.6853	0.7832	0.8811
\$350	0.3975	0.4968	0.5962	0.6956	0.7949	0.8943
\$400	0.4006	0.5007	0.6009	0.7010	0.8012	0.9013
\$450	0.4027	0.5033	0.6040	0.7047	0.8053	0.9060
\$500	0.4039	0.5048	0.6058	0.7068	0.8077	0.9087
\$550	0.4050	0.5063	0.6075	0.7088	0.8100	0.9113
\$600	0.4059	0.5074	0.6089	0.7103	0.8118	0.9133
\$750	0.4069	0.5087	0.6104	0.7121	0.8139	0.9156

(\*) net of any Co-Pay

**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$30 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1305	0.1631	0.1957	0.2284	0.2610	0.2936
\$75	0.1932	0.2416	0.2899	0.3382	0.3865	0.4348
\$100	0.2535	0.3168	0.3802	0.4436	0.5069	0.5703
\$125	0.2986	0.3732	0.4479	0.5225	0.5972	0.6718
\$150	0.3210	0.4013	0.4815	0.5618	0.6420	0.7223
\$200	0.3445	0.4307	0.5168	0.6029	0.6891	0.7752
\$250	0.3568	0.4459	0.5351	0.6243	0.7135	0.8027
\$300	0.3652	0.4564	0.5477	0.6390	0.7303	0.8216
\$350	0.3708	0.4634	0.5561	0.6488	0.7415	0.8342
\$400	0.3735	0.4669	0.5603	0.6536	0.7470	0.8404
\$450	0.3753	0.4691	0.5629	0.6568	0.7506	0.8444
\$500	0.3765	0.4706	0.5647	0.6589	0.7530	0.8471
\$550	0.3776	0.4721	0.5665	0.6609	0.7553	0.8497
\$600	0.3784	0.4729	0.5675	0.6621	0.7567	0.8513
\$750	0.3793	0.4742	0.5690	0.6638	0.7587	0.8535

(\*) net of any Co-Pay

**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$40 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1280	0.1600	0.1920	0.2240	0.2560	0.2880
\$75	0.1907	0.2384	0.2861	0.3337	0.3814	0.4291
\$100	0.2459	0.3074	0.3689	0.4303	0.4918	0.5533
\$125	0.2809	0.3512	0.4214	0.4916	0.5619	0.6321
\$150	0.2984	0.3729	0.4475	0.5221	0.5967	0.6713
\$200	0.3194	0.3992	0.4791	0.5589	0.6388	0.7186
\$250	0.3316	0.4144	0.4973	0.5802	0.6631	0.7460
\$300	0.3387	0.4234	0.5081	0.5927	0.6774	0.7621
\$350	0.3437	0.4296	0.5155	0.6015	0.6874	0.7733
\$400	0.3464	0.4331	0.5197	0.6063	0.6929	0.7795
\$450	0.3479	0.4349	0.5219	0.6088	0.6958	0.7828
\$500	0.3491	0.4364	0.5237	0.6109	0.6982	0.7855
\$550	0.3503	0.4379	0.5255	0.6130	0.7006	0.7882
\$600	0.3508	0.4386	0.5263	0.6140	0.7017	0.7894
\$750	0.3517	0.4396	0.5275	0.6155	0.7034	0.7913

(\*) net of any Co-Pay

**Table 27**

**Radiation Therapy and Chemo**

Max. Benefit	Factor
\$25	4.35%
\$100	14.78%
\$250	29.13%
\$500	44.35%
\$1,000	61.74%
\$2,500	82.61%
\$5,000	95.65%
\$7,500	100.00%

Plan  
Maximum 237.00%

**Table 28**

**Durable Medical Equipment**

Max. Benefit	Factor
\$25	4.35%
\$100	14.78%
\$250	29.13%
\$500	44.35%
\$1,000	61.74%
\$2,500	82.61%
\$5,000	95.65%
\$7,500	100.00%

Plan  
Maximum 117.00%

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$0 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0880	0.1101	0.1321	0.1541	0.1761	0.1981
\$25	0.1100	0.1376	0.1651	0.1926	0.2201	0.2476
\$30	0.1320	0.1651	0.1981	0.2311	0.2641	0.2971
\$40	0.1760	0.2201	0.2641	0.3081	0.3521	0.3961
\$50	0.2201	0.2751	0.3301	0.3852	0.4402	0.4952
\$75	0.3201	0.4001	0.4801	0.5602	0.6402	0.7202
\$100	0.4000	0.5000	0.6000	0.7000	0.8000	0.9000
\$125	0.4398	0.5498	0.6597	0.7697	0.8796	0.9896
\$150	0.4596	0.5744	0.6893	0.8042	0.9191	1.0340
\$200	0.4790	0.5988	0.7185	0.8383	0.9580	1.0778
\$250	0.4884	0.6105	0.7326	0.8547	0.9768	1.0989
\$300	0.4928	0.6160	0.7392	0.8624	0.9856	1.1088
\$400	0.4966	0.6207	0.7449	0.8690	0.9932	1.1173
\$500	0.4978	0.6223	0.7467	0.8712	0.9956	1.1201

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$10 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0880	0.1101	0.1321	0.1541	0.1761	0.1981
\$25	0.1100	0.1376	0.1651	0.1926	0.2201	0.2476
\$30	0.1320	0.1651	0.1981	0.2311	0.2641	0.2971
\$40	0.1760	0.2201	0.2641	0.3081	0.3521	0.3961
\$50	0.2160	0.2701	0.3241	0.3781	0.4321	0.4861
\$75	0.3080	0.3851	0.4621	0.5391	0.6161	0.6931
\$100	0.3719	0.4649	0.5579	0.6508	0.7438	0.8368
\$125	0.4037	0.5047	0.6056	0.7065	0.8075	0.9084
\$150	0.4195	0.5243	0.6292	0.7341	0.8389	0.9438
\$200	0.4369	0.5461	0.6553	0.7646	0.8738	0.9830
\$250	0.4453	0.5566	0.6679	0.7793	0.8906	1.0019
\$300	0.4492	0.5614	0.6737	0.7860	0.8983	1.0106
\$400	0.4527	0.5658	0.6790	0.7922	0.9053	1.0185
\$500	0.4538	0.5673	0.6807	0.7942	0.9076	1.0211

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$20 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0880	0.1101	0.1321	0.1541	0.1761	0.1981
\$25	0.1100	0.1376	0.1651	0.1926	0.2201	0.2476
\$30	0.1320	0.1651	0.1981	0.2311	0.2641	0.2971
\$40	0.1720	0.2151	0.2581	0.3011	0.3441	0.3871
\$50	0.2120	0.2651	0.3181	0.3711	0.4241	0.4771
\$75	0.2960	0.3700	0.4440	0.5180	0.5920	0.6660
\$100	0.3438	0.4298	0.5157	0.6017	0.6876	0.7736
\$125	0.3676	0.4595	0.5514	0.6433	0.7352	0.8271
\$150	0.3793	0.4742	0.5690	0.6638	0.7587	0.8535
\$200	0.3948	0.4934	0.5921	0.6908	0.7895	0.8882
\$250	0.4021	0.5027	0.6032	0.7037	0.8043	0.9048
\$300	0.4055	0.5069	0.6083	0.7096	0.8110	0.9124
\$400	0.4088	0.5110	0.6132	0.7154	0.8176	0.9198
\$500	0.4098	0.5122	0.6147	0.7171	0.8196	0.9220

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$30 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0880	0.1101	0.1321	0.1541	0.1761	0.1981
\$25	0.1080	0.1351	0.1621	0.1891	0.2161	0.2431
\$30	0.1280	0.1601	0.1921	0.2241	0.2561	0.2881
\$40	0.1680	0.2101	0.2521	0.2941	0.3361	0.3781
\$50	0.2040	0.2550	0.3060	0.3570	0.4080	0.4590
\$75	0.2760	0.3449	0.4139	0.4829	0.5519	0.6209
\$100	0.3117	0.3897	0.4676	0.5455	0.6235	0.7014
\$125	0.3295	0.4118	0.4942	0.5766	0.6589	0.7413
\$150	0.3392	0.4240	0.5088	0.5936	0.6784	0.7632
\$200	0.3526	0.4408	0.5289	0.6171	0.7052	0.7934
\$250	0.3590	0.4488	0.5385	0.6283	0.7180	0.8078
\$300	0.3619	0.4524	0.5429	0.6333	0.7238	0.8143
\$400	0.3649	0.4561	0.5473	0.6386	0.7298	0.8210
\$500	0.3658	0.4572	0.5487	0.6401	0.7316	0.8230

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$40 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0840	0.1050	0.1260	0.1470	0.1680	0.1890
\$25	0.1040	0.1300	0.1560	0.1820	0.2080	0.2340
\$30	0.1240	0.1550	0.1860	0.2170	0.2480	0.2790
\$40	0.1600	0.2000	0.2400	0.2800	0.3200	0.3600
\$50	0.1920	0.2400	0.2880	0.3360	0.3840	0.4320
\$75	0.2479	0.3098	0.3718	0.4338	0.4957	0.5577
\$100	0.2756	0.3445	0.4134	0.4823	0.5512	0.6201
\$125	0.2893	0.3617	0.4340	0.5063	0.5787	0.6510
\$150	0.2991	0.3738	0.4486	0.5234	0.5981	0.6729
\$200	0.3105	0.3881	0.4657	0.5434	0.6210	0.6986
\$250	0.3159	0.3948	0.4738	0.5528	0.6317	0.7107
\$300	0.3183	0.3978	0.4774	0.5570	0.6365	0.7161
\$400	0.3210	0.4013	0.4815	0.5618	0.6420	0.7223
\$500	0.3218	0.4022	0.4827	0.5631	0.6436	0.7240

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results



**Table 42**

**TMJ Expense**

Max. Benefit	Factor
\$3,500	90%
Plan Maximum	100%

**Table 52**

**CAT Scan and Magnetic  
Resonance Imaging**

Max. Benefit	Factor
\$25	4%
\$100	15%
\$250	29%
\$500	44%
\$1,000	62%
\$2,500	83%
\$5,000	96%
\$7,500	100%
Plan maximum	115%

**Table 56**

**Abortion Expense**

Max. Benefit	Factor
\$150	83%
\$200	87%
\$250	91%
\$300	93%
\$450	99%
\$500	100%
Plan maximum	178%

**Table 57**

**Psychiatric Conditions  
Expense - Inpatient**

Max. Benefit	Factor
\$500	8%
\$1,000	17%
\$2,000	27%
\$2,500	40%
\$5,000	62%
\$10,000	77%
\$25,000	89%
\$50,000	100%
Plan maximum	105%

<b>Table 58</b>		
<b>Psychiatric Conditions Expense - Outpatient</b>		
Max. Benefit	Factor	
\$500	19%	
\$1,000	35%	
\$2,000	40%	
\$2,500	57%	
\$5,000	77%	
\$10,000	92%	
\$25,000	95%	
\$50,000	100%	
Plan maximum	105%	

<b>Table 65</b>		
<b>Well-Care for Children Expense</b>		
Max. Benefit	Factor	
\$50	10%	
\$100	38%	
\$150	65%	
\$200	84%	
\$250	88%	
\$300	94%	
\$400	98%	
\$500	100%	

<b>Table 66</b>		
<b>Alcoholism and Substance Abuse Expense - Outpatient</b>		
Max. Benefit	Factor	
\$8,000	27%	
\$10,000	40%	
\$12,500	62%	
\$15,000	77%	
\$20,000	89%	
Plan maximum	105%	

**Table 68**

**Home Health Care Expense**

Max. Days	Factor
15	50%
20	63%
30	75%
45	85%
60	92%
90	98%
120	100%

**Table 69**

**Hospice Care Expense**

Max. Benefit	Factor
\$6,000	62%
\$7,500	68%
\$10,000	75%
\$15,000	81%
\$20,000	84%
\$25,000	86%
\$30,000	88%
\$50,000	100%
Plan maximum	105%

**Table 70**

**Rehabilitation Facility -  
Assumes \$100 Daily Benefit**

Max. Days	Factor
7	0.2074
14	0.3894
21	0.5459
30	0.7096
60	0.8258
90	0.9129
180	1.0000

**Table 71  
Therapy**

*Maximum Per Coverage Period*

Maximum Per	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$5,000	\$10,000
Visit	91.5%	92.7%	93.8%	94.6%	95.4%	97.5%	100.0%
\$15	176.0%	178.0%	180.0%	182.0%	183.0%	188.0%	192.3%
\$50	236.0%	239.0%	242.0%	244.0%	246.0%	252.0%	258.3%
\$75	297.0%	301.0%	304.0%	307.0%	309.0%	316.0%	324.2%
\$100	538.0%	545.0%	551.0%	556.0%	561.0%	574.0%	588.0%
\$200	780.0%	790.0%	799.0%	806.0%	812.0%	831.0%	851.8%
\$300	1021.0%	1034.0%	1046.0%	1056.0%	1064.0%	1088.0%	1115.5%
\$400	1262.0%	1279.0%	1293.0%	1305.0%	1316.0%	1345.0%	1379.3%
\$500							

**Table 72**

**Annual Claims Cost - Expressed as % of AD Claims Cost  
Per \$1000 Total Benefit**

Common Carrier Benefit	0.0117
Coma Benefit	0.0350
Modification Benefit	0.0200
Loss of one finger or one toe	0.1122
Loss of one arm or one leg	0.0358
Loss of one hand or one foot	0.0716
Loss of two or more fingers or toes in any combination	0.0782
Loss of sight in one eye	0.0076
Loss of hearing in one ear	0.0760
Loss of both arms or both legs or one arm and one leg	0.0067
Loss of both hands or both feet or one hand and one foot	0.0134
Loss of sight in both eyes	0.0014
Loss of hearing in both ears	0.0220
Loss of ability to speak	0.0150
Paraplegia or hemiplegia	0.0312
Quadriplegia	0.0106

**Table 73 - In Hospital Doctor Visits**

*Maximum Benefit (after Co-Pay)*

Co-Pay	\$50	\$100	\$150	\$200	\$250	\$300	\$400	\$500	\$750
\$0	0.2883	0.5436	0.7440	0.8528	0.9112	0.9420	0.9730	0.9873	1.0000
\$10	0.2817	0.5260	0.7081	0.8068	0.8597	0.8874	0.9168	0.9302	0.9423
\$20	0.2751	0.5084	0.6722	0.7609	0.8082	0.8329	0.8606	0.8730	0.8847
\$30	0.2685	0.4909	0.6363	0.7149	0.7567	0.7783	0.8044	0.8159	0.8270
\$40	0.2619	0.4733	0.6004	0.6689	0.7052	0.7238	0.7481	0.7587	0.7694

**Table 74  
Ambulance Expense**

Max. Benefit	Factor
\$50	0.0533
\$100	0.1067
\$200	0.2134
\$250	0.2667
\$300	0.3200
\$400	0.4260
\$500	0.5290
\$750	0.7737
\$1,000	1.0000

**Table 75  
Consultant's Fee Expense**  
*Maximum Visits per Year*

\$0 Co-Pay Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.4030	0.4214	0.4351	0.4466	0.4534	0.4580
\$150	0.4836	0.5056	0.5221	0.5359	0.5441	0.5496
\$200	0.6301	0.6587	0.6802	0.6981	0.7088	0.7160
\$250	0.7619	0.7965	0.8225	0.8442	0.8571	0.8658
\$300	0.8790	0.9190	0.9490	0.9739	0.9889	0.9989
\$350	0.9374	0.9800	1.0119	1.0386	1.0545	1.0652
\$400	0.9810	1.0256	1.0591	1.0869	1.1037	1.1148
\$450	1.0099	1.0558	1.0902	1.1189	1.1361	1.1476
\$500	1.0241	1.0707	1.1056	1.1347	1.1522	1.1638
\$550	1.0384	1.0856	1.1210	1.1505	1.1682	1.1800
\$600	1.0527	1.1005	1.1364	1.1663	1.1842	1.1962
\$750	1.0733	1.1221	1.1587	1.1892	1.2075	1.2197

(\*) net of any Co-Pay

**Table 75**  
**Consultant's Fee Expense**

<b>\$10 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.4030	0.4214	0.4351	0.4466	0.4534	0.4580
\$150	0.4807	0.5025	0.5189	0.5325	0.5407	0.5462
\$200	0.6272	0.6557	0.6771	0.6949	0.7056	0.7127
\$250	0.7531	0.7873	0.8130	0.8344	0.8472	0.8558
\$300	0.8584	0.8975	0.9267	0.9511	0.9657	0.9755
\$350	0.9168	0.9585	0.9897	1.0158	1.0314	1.0418
\$400	0.9545	0.9979	1.0305	1.0576	1.0739	1.0847
\$450	0.9805	1.0251	1.0585	1.0863	1.1031	1.1142
\$500	0.9948	1.0400	1.0739	1.1021	1.1191	1.1304
\$550	1.0090	1.0549	1.0893	1.1179	1.1351	1.1466
\$600	1.0218	1.0682	1.1030	1.1321	1.1495	1.1611
\$750	1.0417	1.0891	1.1246	1.1542	1.1720	1.1838

(\*) net of any Co-Pay

**Table 75**  
**Consultant's Fee Expense**

<b>\$20 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.4030	0.4214	0.4351	0.4466	0.4534	0.4580
\$150	0.4778	0.4995	0.5158	0.5293	0.5375	0.5429
\$200	0.6243	0.6526	0.6739	0.6917	0.7023	0.7094
\$250	0.7443	0.7781	0.8035	0.8247	0.8373	0.8458
\$300	0.8378	0.8759	0.9045	0.9283	0.9426	0.9521
\$350	0.8962	0.9369	0.9675	0.9929	1.0082	1.0184
\$400	0.9280	0.9702	1.0019	1.0282	1.0441	1.0546
\$450	0.9511	0.9943	1.0268	1.0538	1.0700	1.0808
\$500	0.9654	1.0092	1.0422	1.0696	1.0860	1.0970
\$550	0.9796	1.0241	1.0575	1.0854	1.1021	1.1132
\$600	0.9909	1.0359	1.0697	1.0979	1.1147	1.1260
\$750	1.0101	1.0560	1.0904	1.1191	1.1363	1.1478

(\*) net of any Co-Pay

<b>Table 75</b>						
<b>Consultant's Fee Expense</b>						
<b>\$30 Co-Pay</b>	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
Payable per visit(*)						
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.4015	0.4198	0.4335	0.4449	0.4517	0.4563
\$150	0.4748	0.4963	0.5125	0.5260	0.5341	0.5395
\$200	0.6184	0.6465	0.6676	0.6851	0.6957	0.7027
\$250	0.7355	0.7689	0.7940	0.8149	0.8274	0.8358
\$300	0.8173	0.8545	0.8824	0.9056	0.9195	0.9288
\$350	0.8727	0.9124	0.9421	0.9669	0.9818	0.9917
\$400	0.9016	0.9426	0.9734	0.9990	1.0144	1.0246
\$450	0.9217	0.9636	0.9950	1.0212	1.0369	1.0474
\$500	0.9360	0.9785	1.0104	1.0370	1.0530	1.0636
\$550	0.9502	0.9934	1.0258	1.0528	1.0690	1.0798
\$600	0.9601	1.0037	1.0365	1.0637	1.0801	1.0910
\$750	0.9785	1.0229	1.0563	1.0841	1.1008	1.1119

(\*) net of any Co-Pay

<b>Table 75</b>						
<b>Consultant's Fee Expense</b>						
<b>\$40 Co-Pay</b>	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
Payable per visit(*)						
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.3986	0.4167	0.4303	0.4416	0.4484	0.4529
\$150	0.4719	0.4933	0.5094	0.5228	0.5308	0.5362
\$200	0.6096	0.6373	0.6581	0.6754	0.6858	0.6927
\$250	0.7266	0.7596	0.7844	0.8051	0.8174	0.8257
\$300	0.7968	0.8330	0.8601	0.8828	0.8963	0.9054
\$350	0.8462	0.8847	0.9135	0.9376	0.9520	0.9616
\$400	0.8752	0.9149	0.9448	0.9696	0.9846	0.9945
\$450	0.8923	0.9329	0.9633	0.9887	1.0039	1.0140
\$500	0.9066	0.9478	0.9787	1.0044	1.0199	1.0302
\$550	0.9208	0.9627	0.9941	1.0202	1.0359	1.0464
\$600	0.9292	0.9714	1.0031	1.0295	1.0453	1.0559
\$750	0.9469	0.9899	1.0222	1.0491	1.0652	1.0760

(\*) net of any Co-Pay

Note applicable for all Tables after Table 7.1:

- If a specific benefit limit / deductible is not shown in the table, linear interpolation will be used to calculate the adjustment factor.
- The rates shown are for the most common plan design. Rates for other plan designs will be determined on an actuarially consistent basis. Accounts that have non-standard plan designs will be subject to home office referral.

State: District of Columbia

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.001 Student

Product Name: Blanket College Accident and Sickness

Project Name/Number: NUFIC-AH-BCAS-SRP-DC-13-01-R/NUFIC-AH-BCAS-SRP-DC-13-01-R

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	Please refer to Filing Description
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certificate of Authority to File
<b>Comments:</b>	
<b>Attachment(s):</b>	Perr Knight 2012 Letter of Authorization.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Act Memo - S30749NUFIC-SRP-DC 040213.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Justification
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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**SERFF Tracking #:**

AGNY-128927498

**State Tracking #:****Company Tracking #:**

NUFIC-AH-BCAS-SRP-DC-13-01-R

**State:**

District of Columbia

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, Pa.

**TOI/Sub-TOI:**

H04 Health - Blanket Accident /Sickness/H04.001 Student

**Product Name:**

Blanket College Accident and Sickness

**Project Name/Number:**

NUFIC-AH-BCAS-SRP-DC-13-01-R/NUFIC-AH-BCAS-SRP-DC-13-01-R

<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Rate Summary Worksheet
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	20130412 Response letter
<b>Comments:</b>	
<b>Attachment(s):</b>	DC PPACA SRP rates response 4 12 13.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

NATIONAL UNION FIRE INSURANCE  
COMPANY OF PITTSBURGH, PA.

**Administrative Offices:**

A&H Regulatory Affairs Department  
P.O. Box 9708  
Wilmington, DE 19809



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May 18, 2012

**RE: National Union Fire Insurance Company of Pittsburgh, PA.  
NAIC Company Number: 012-19445**

To Whom It May Concern:

Perr & Knight is hereby authorized to submit rate, rule and form filings on behalf of National Union Fire Insurance Company of Pittsburgh, PA. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary.

Please direct all correspondence and inquiries related to this filing to Perr & Knight at the following address:

State Filings Department  
Perr & Knight  
401 Wilshire Boulevard, Suite 300  
Santa Monica, CA 90401  
Phone: (310) 230-9339  
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization at the following address:

Susan Martin, Senior Vice President & Division General Counsel  
Chartis U.S. Accident & Health Law Department  
503 Carr Road  
Wilmington, DE 19809  
Phone No.: 302 765-1730  
susan.martin@chartisinsurance.com

Sincerely,

A handwritten signature in black ink that reads "Susan E. Martin". The signature is written in a cursive style and is positioned above a horizontal line.

Name: Susan E. Martin

Title: Senior Vice President & Division General Counsel

# **National Union Fire Insurance Company of Pittsburgh, Pa.**

## **Actuarial Memo Rate Filing for Form S30749NUFIC-SRP-DC**

### **Item 1. Scope & Purpose**

This actuarial memorandum was prepared to accompany a new form filing.

### **Item 2. Benefit Description**

The policy provides coverage to eligible college students and their spouses and children. Coverage is provided for medical expenses for qualifying accidents or accidents and sicknesses. Additional ancillary coverages are available as described in the policy.

### **Item 3. Renewability**

The Policy is issued for a stated Policy Term, usually corresponding with a school year. Students may generally renew coverage for the following school year if the Policy is renewed for another year and the student continues to meet the eligibility conditions.

### **Item 4. Applicability**

This filing applies to all new Insureds under the above referenced policy form.

### **Item 5. Morbidity**

Morbidity is generally determined based on prior experience of the group.

The Rate Manual also contains Manual Claims Costs that are used in the following situations:

- Prior experience is not available
- Experience is not fully credible
- A change in Plan Design causes a change in the premium rate

### **Item 6. Mortality**

Mortality is based on US population mortality.

**National Union Fire Insurance Company of Pittsburgh, Pa.**

**Actuarial Memo  
Rate Filing for  
Form S30749NUFIC-SRP-DC**

**Item 7. Persistency**

It is expected 63% of students re-enroll for this program each year.

**Item 8. Expenses and Commissions**

<b>Expense Category</b>	<b>% Premium</b>
State Taxes, Licenses, Fees	2.523%
Commission and Brokerage	0.780%
Claims Administration	6.070%
Home Office Expense	8.760%
Profits and Contingencies	5.000%
Total	23.133%

**Item 9. Marketing**

The program will be marketed through colleges and universities to eligible students and their families.

**Item 10. Pre-Existing Condition Limitations and Underwriting**

The plan is available on a guaranteed issue basis. Pre-existing conditions may not be covered subject to the terms and conditions of the policy.

**Item 11. Premium Classes**

Premiums vary by student, spouse, and number of children.

**Item 12. Issue Age Limits and Coverage Duration**

Coverage is available at all ages.

Coverage begins on the Effective Date as described in the policy and ends at the end of semester or school year for which coverage was purchased, subject to any Extended Coverage provision of the Policy.

# **National Union Fire Insurance Company of Pittsburgh, Pa.**

## **Actuarial Memo Rate Filing for Form S30749NUFIC-SRP-DC**

### **Item 13. Area Factors**

There are no area factors.

### **Item 14. Average Annual Premium**

The average premium for 2013-2014 is expected to be \$1,854.82.

### **Item 15. Premium Modalization Rules**

Premiums are stated as annual. Premiums may be split by semester or by some other partition of the year.

### **Item 16. Claim Liability and Reserves**

Claim Reserves and Liabilities will be established by a combination of Lag Studies, case level reserves, and analysis of claim inventories.

### **Item 17. Active Life Reserves**

No Active Life Reserves will be held for this coverage.

### **Item 18. Trend Assumption**

Trend is determined from the actual experience of each group, company data, and published indexes. A reasonable expectation for trend is 7.10% per year.

### **Item 19. Minimum Required Loss Ratio**

The Minimum Required Loss Ratio in this state for this type of insurance is 50%. The anticipated Loss Ratio of 76.867% is higher than the state minimum required loss ratio.

Under PPACA, the minimum required loss ratio for this type of insurance is determined on a countrywide basis, combining results for all states. Under PPACA, this program is considered Individual business with a minimum loss ratio of 80%. Loss ratios under PPACA are calculated as (see 45 CFR 158.211):

Incurred Claims, divided by Earned Premium, less federal taxes, and less state and local taxes, licenses and fees.

In determining a Loss Ratio for pricing purposes the federal and state taxes must be projected. For federal taxes, we assume a federal tax rate of 35%. For state and local taxes, licenses, fees and assessments, we use the historical countrywide average for this Company.

**National Union Fire Insurance Company of Pittsburgh, Pa.**

**Actuarial Memo  
Rate Filing for  
Form S30749NUFIC-SRP-DC**

The impact of these adjustments is to lower the actual Loss Ratio. This calculation produced a required minimum loss ratio of 76.60%. The details of this calculation:

Item		Expressed as a % of Premium	Source
A	Minimum Loss Ratio	0.8	This is considered Individual business under PPACA
B	Profit	0.05	Assumed Profit, see Item 8
C	FIT Rate	0.35	Corporate Marginal Tax Rate
D	Federal Taxes	0.0175	=B*C
E	State Taxes, Licenses, Fees	0.02500	Countrywide average, derived from most recent Annual Statement
F	Adjusted PPACA Minimum Loss Ratio	0.7660	=A*(1-(D+E)), rounded to 4 places

In performing this calculation, we did not include other items that also lower the loss ratio, such as expenses for activities that improve the quality of health care. It is our belief that the anticipated countrywide loss ratio equals or exceeds the minimum PPACA loss ratio.

**Item 20. Anticipated Loss Ratio**

The anticipated loss ratio is at least 76.867%. The anticipated Loss Ratio is calculated as:  
Projected Incurred Claims / Projected Earned Premiums

**Item 21. Distribution of Business**

Ages	%Business
0 - 24	81%
25-49	15%
50+	4%
Total	100%

**National Union Fire Insurance Company of Pittsburgh, Pa.**

**Actuarial Memo  
Rate Filing for  
Form S30749NUFIC-SRP-DC**

**Item 22. Experience on the Form**

This is a new form. There is no historical experience on this form.

**Item 23. Lifetime Loss Ratio**

The lifetime loss ratio is 76.867%.

**Item 24. History of Rate Adjustments**

None. This is a new form.

**Item 25. Number of Policyholders**

None. This is a new form.

**Item 26. Proposed Effective Date**

We propose to have rates effective coincident with state approval.

**Item 27. Actuarial Certification**

I certify that to the best of my knowledge and belief, the entire rate filing is in compliance with the applicable laws of the state where filed and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8, 'Regulatory Filings for Rates and Financial Projections for Health Plans', the premium schedule is reasonable, not excessive, inadequate or unfairly discriminatory, and that the benefits are reasonable in relation to the proposed premiums.



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Thomas G. Coulter, FSA  
Consulting Actuary

April 2, 2013

## Response for DC College A&S SRP objection

### Objection 1:

*Per ACA, this filing does not meet the definition of a Large Group because it will be sold to students and not employees. Therefore the rate filing should be considered an Individual rate filing and meet the requirements of an Individual rate filing.*

### Response 1:

We respectfully request the Department's reconsideration of the first objection. The policy, by SERFF standards, is a large group policy. By ACA standards, it is an individual plan. The plan is a student health policy that will be issued to any college, university or other institution of higher learning situated in DC.

### Objection 2:

*Thank you for providing the Trend Assumptions. We are noting that the stated trend factor is higher than have been seen in this area. Please provide additional information justifying the trend.*

### Response 2:

Since this is a new filing and we don't have any data underlying this PPACA Compliance form, we relied on the average trends' published by the S&P and Milliman. The following table contains the details of how the average trend was selected for each benefit category:

Benefit Category	NUFIC College A&S Claim Cost Distribution for 2010-2011	S&P August 2012 12-Month Rolling Average (Annual Trend)	Milliman 2012 HCG Annual Trend	Selected Annual Trend
Hospital	48.0%	6.2%	Hospital Inpatient 3% - 11%; Hospital Outpatient 5%-12%	6.2%
Physician	36.4%	8.9%	4% to 13%	8.9%
RX	15.6%	N/A	5.5% to 10.5%	5.5%
<b>Overall</b>	<b>100.0%</b>			<b>7.1%</b>

The overall annual trend of 7.1% is the weighted average of annual trend of the benefit categories listed in the table above. The weight is using the NUFIC benefit category cost distribution which is derived based on NUFIC claim data for 2010 and 2012<sup>1</sup> for College A&S Non-PPACA compliance policies. We assume the benefit category cost distribution for PPACA compliance policies is the same as for Non-PPACA compliance policies.

:

### Objection 3:

*This rate review is limited to DC resident policyholders or DC domiciled group certificate holders. Please identify the Institutions to which this product will be sold.*

### Response 3:

The policy will be issued to college, university or other institution of higher learning insuring its students for accident and sickness.

### Objection 4:

*Please note, this rate filing is subject to conformity with the corresponding forms' filing. This department reserves the right to withdraw the filing if not.*



**Response for DC College A&S SRP objection**

**Response 4:**  
Acknowledged.

**SERFF Tracking #:**

AGNY-128927498

**State Tracking #:****Company Tracking #:**

NUFIC-AH-BCAS-SRP-DC-13-01-R

**State:**

District of Columbia

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, Pa.

**TOI/Sub-TOI:**

H04 Health - Blanket Accident /Sickness/H04.001 Student

**Product Name:**

Blanket College Accident and Sickness

**Project Name/Number:**

NUFIC-AH-BCAS-SRP-DC-13-01-R/NUFIC-AH-BCAS-SRP-DC-13-01-R

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/06/2013		Rate	RULES AND RATE MANUAL	04/12/2013	Rate Manual - S30749 PPACA SRP DC 020713.pdf (Superseded)
03/05/2013		Supporting Document	Actuarial Memorandum	04/12/2013	Act Memo - S30749NUFIC-SRP-DC 020613.pdf (Superseded)

RULES AND RATE MANUAL  
FOR  
STUDENT BLANKET [ACCIDENT] [AND] [SICKNESS] POLICY  
FORM S30749NUFIC-SRP-DC

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

**Rule 1.**

Form available with this policy form:

S30749NUFIC-SRP-DC  
S30750NUFIC- SRP-DC

**Rule 2.**

The rates shall apply to policy form S30749NUFIC- SRP-DC.

The rates shall apply to policy form S30750NUFIC- SRP-DC. When this rate manual is used with S30750NUFIC- SRP-DC, the rates apply to only two types of programs:

Accident Only programs.

Programs providing Short-Term Coverage for Inbound foreign students.

**Rule 3. Program Rates**

**Table 1 - Description of Requested Coverage**

	Coverage Details
Accidental Death & Dismemberment	Complete based on Program Description for each College / University
Emergency Evacuation Expense Benefit	
Security Evacuation Expense Benefit	
Repatriation of Remains Expense Benefit	
Vision Care Expense	
Dental Treatment Expense	
Prescribed Medicines Expense	
Notes on Medical Benefits	
Limits	
Lifetime Maximum	
In Hospital Benefits	
Daily Room & Board	
Intensive Care Services	
Miscellaneous Hospital Expense	
Pre-Admission Testing	
Private Duty Nursing	
Physiotherapy	
Surgical Expense	
Anesthesia	
Assistant Surgeon	
In Hospital Doctor's Fees Expense	
Outpatient Expenses	
Surgery - Surgeon Fee	
Surgery - Facility Fee	
Emergency Room	
Laboratory and X Ray Examinations	
Physiotherapy	
Radiation Therapy and Chemotherapy	
Durable Medical Equipment and Orthopedic Appliance	
Out of Hospital Doctor's Fees Expense	
Consultant's Fees Expense	
Ambulance Expense	

**Table 1 - Description of Requested Coverage (continued)**

	Coverage Details
Additional Benefits - only if not already included in above coverages	
Alcoholism and Substance Abuse Expense - Inpatient	
Alcoholism and Substance Abuse Expense - Outpatient	
Diabetes Expense	
Home Health Care Expense	
Hospice Care Expense	
Mammography and Cervical Cytological Screening Expense	
Colorectal Cancer Screening Expense	
Breast Cancer Treatment	
Reconstructive Breast Surgery	
Prostate Cancer Screening	
TMJ Expense	
Craniofacial Abnormalities Expense	
Acquired Brain Injury Expense	
Hearing Impairment Screening	
Bone Mass Measurement Expense	
Chlamydia Screening Test Expense	
Dental Anesthesia Expense	
Lead Poisoning Screening Expense	
Maternity Testing Expense	
CAT Scan and Magnetic Resonance Imaging	
Bone Marrow Transplant Expense	
Clinical Trials Expense	
Cleft Lip and Cleft Palate Expense	
Abortion Expense - Coverage Included for all	
Abortion Expense - Optional Coverage	
Psychiatric Conditions Expense - Inpatient	
Psychiatric Conditions Expense - Outpatient	
Prescribed Contraceptive Expense	
Medical Foods Expense	
Drug Treatment of Children's Cancer Expense	
Rehabilitation Facility	
Chiropractic Services	
Urgent Care Expense	
Solid Organ Transplant Expense Benefit	
Diagnosis and Treatment of Sleep Disorders	
Wellness Services Expense	
Routine Screening for Sexually Transmitted Disease Expense	
Acupuncture in Lieu of Anesthesia Expense	
Transsexualism / Gender Identity Disorder Expense	

Complete based on Program Description for each College / University

**Table 1 - Description of Requested Coverage (continued)**

	Coverage Details
Additional Benefits - only if not already included in above coverages	
HPV Testing Expense	
Dialysis Treatment Expense	
Dialysis and Filtration Procedures	
Skilled Nursing Facility	
Human Organ and Tissue Transplant Expense	
Dermatological Expense	
Allergy Testing	
Respiratory Therapy	
Prosthetic Appliances and Devices	
Rehabilitative Care - Physical Therapy	
Rehabilitative Care - Occupational Therapy	
Rehabilitative Care - Chiropractic	
Rehabilitative Care - Cardiac / Pulmonary	Complete based on Program Description for each College / University
Speech and Hearing Therapy	
Injections and / or immunizations	
Preventive Services mandated by PPACA	
Intravenous Home Therapy	
Transcutaneous Electrical Nerve Stimulation	
Preventive Health Services	
Routine Newborn Nursery Care	
Removal of non-malignant warts and lesions	
Braces and Appliances	
Voluntary HIV Screening Test Expense	
Oral Anti-cancer Medications	
Habilitative Services for Children	
Newborn Haring Impairment	

**Table 1a - Example of Description of Requested Coverage**

	Coverage Details
Accidental Death & Dismemberment	\$25,000 Principal Sum, AD Only
Emergency Evacuation Expense Benefit	\$0 Deductible; \$25,000 Maximum
Security Evacuation Expense Benefit	\$0 Deductible; \$25,000 Maximum
Repatriation of Remains Expense Benefit	\$10,000 Maximum benefit
Vision Care Expense	Not Included
Dental Treatment Expense	Not Included
Prescribed Medicines Expense	\$10/\$25/\$40; \$500,000 max
Notes on Medical Benefits	
Limits	\$250 Deductible; \$1,000,000 max.
Lifetime Maximum	4x Annual Maximum
In Hospital Benefits	
Daily Room & Board	Included
Intensive Care Services	Included
Miscellaneous Hospital Expense	Plan Maximum
Pre-Admission Testing	Included
Private Duty Nursing	\$80 per shift
Physiotherapy	\$50 per day, up to Maximum \$2,500
Surgical Expense	Plan Maximum
Anesthesia	Included
Assistant Surgeon	Included
In Hospital Doctor's Fees Expense	\$0 Co-Pay; \$200 max per visit
Outpatient Expenses	
Surgery - Surgeon Fee	Plan Maximum
Surgery - Facility Fee	Plan Maximum
Emergency Room	\$0 Co-Pay; Plan Maximum
Laboratory and X Ray Examinations	Plan Maximum
Physiotherapy	\$20 Co-Pay; \$50/ day; 90 days
Radiation Therapy and Chemotherapy	Plan Maximum
Durable Medical Equipment and Orthopedic Appliance	Plan Maximum
Out of Hospital Doctor's Fees Expense	\$10 Co-Pay, \$50 /visit; max 60 visits
Consultant's Fees Expense	\$10 Co-pay; \$50 /visit; max 30 visits
Ambulance Expense	\$500.00



**Table 1a - Example of Description of Requested Coverage (continued)**

	Coverage Details
Additional Benefits - only if not already included in above coverages	
Alcoholism and Substance Abuse Expense - Inpatient	Included above
Alcoholism and Substance Abuse Expense - Outpatient	Included above
Diabetes Expense	Additional benefit
Home Health Care Expense	Maximum 30 days
Hospice Care Expense	Plan maximum
Mammography and Cervical Cytological Screening Expense	Included above
Colorectal Cancer Screening Expense	Included above
Breast Cancer Treatment	Included above
Reconstructive Breast Surgery	Included above
Prostate Cancer Screening	Included above
TMJ Expense	Included above
Craniofacial Abnormalities Expense	Included above
Acquired Brain Injury Expense	Included above
Hearing Impairment Screening	Included above
Bone Mass Measurement Expense	Included above
Chlamydia Screening Test Expense	Included above
Dental Anesthesia Expense	Included above
Lead Poisoning Screening Expense	Included above
Maternity Testing Expense	Included above
CAT Scan and Magnetic Resonance Imaging	Included above
Bone Marrow Transplant Expense	Included above
Clinical Trials Expense	Included above
Cleft Lip and Cleft Palate Expense	Additional benefit
Abortion Expense - Coverage Included for all	Included above
Abortion Expense - Optional Coverage	Not elected
Psychiatric Conditions Expense - Inpatient	Included above
Psychiatric Conditions Expense - Outpatient	Included above
Prescribed Contraceptive Expense	Included above
Medical Foods Expense	Included above
Drug Treatment of Children's Cancer Expense	Included above
Rehabilitation Facility	Included above
Chiropractic Services	Included above
Urgent Care Expense	Included above
Solid Organ Transplant Expense Benefit	Included above
Diagnosis and Treatment of Sleep Disorders	Additional benefit
Wellness Services Expense	Included above
Routine Screening for Sexually Transmitted Disease Expense	Included above
Acupuncture in Lieu of Anesthesia Expense	Included above
Transsexualism / Gender Identity Disorder Expense	Included above

**Table 1a - Example of Description of Requested Coverage (continued)**

	Coverage Details
Additional Benefits - only if not already included in above coverages	
HPV Testing Expense	Included above
Dialysis Treatment Expense	Included above
Dialysis and Filtration Procedures	Included above
Skilled Nursing Facility	Included above
Human Organ and Tissue Transplant Expense	Included above
Dermatological Expense	Included above
Allergy Testing	Included above
Respiratory Therapy	Included above
Prosthetic Appliances and Devices	Included above
Rehabilitative Care - Physical Therapy	Included above
Rehabilitative Care - Occupational Therapy	Included above
Rehabilitative Care - Chiropractic	Included above
Rehabilitative Care - Cardiac / Pulmonary	Included above
Speech and Hearing Therapy	Included above
Injections and / or immunizations	Included above
Preventive Services mandated by PPACA	Included above
Intravenous Home Therapy	Included above
Transcutaneous Electrical Nerve Stimulation	Included above
Preventive Health Services	Included above
Routine Newborn Nursery Care	Included above
Removal of non-malignant warts and lesions	Included above
Braces and Appliances	Included above
Voluntary HIV Screening Test Expense	Additional benefit
Oral Anti-cancer Medications	Additional benefit
Habilitative Services for Children	Additional benefit
Newborn Haring Impairment	Additional benefit

*Table 2 - Development of Manual Claims Cost*

<i>Coverage</i>	<i>A</i> <i>Claim Cost</i>	<i>B</i> <i>Covered Percentage Adjustment</i>	<i>C</i> <i>Plan Adjustment</i>	<i>D</i> <i>Loss Cost</i>
Accidental Death & Dismemberment	<i>Table 3</i>		<i>Table 72</i>	$=A*C$
Emergency Evacuation Expense Benefit	<i>Table 3</i>		<i>Table 8</i>	
Security Evacuation Expense Benefit	<i>Table 3</i>		<i>Table 8</i>	
Repatriation of Remains Expense Benefit	<i>Table 3</i>		<i>Table 9</i>	
Vision Care Expense	<i>Table 10</i>		<i>1.000</i>	
Dental Treatment Expense	<i>Table 3</i>		<i>Tables 11,11a</i>	
Prescribed Medicines Expense	<i>Table 3</i>		<i>Table 12</i>	
<b>In Hospital Benefits</b>				
Daily Room & Board			<i>1.000</i>	$=A*B*C$
Intensive Care Services				
Miscellaneous Hospital Expense			<i>Table 15</i>	
Pre-Admission Testing			<i>1.000</i>	
Private Duty Nursing			<i>1.000</i>	
Physiotherapy	<i>Table 3</i>	<i>See Table 4</i>	<i>Table 18</i>	
Surgical Expense			<i>Table 19</i>	
Anesthesia			<i>Table 19</i>	
Assistant Surgeon			<i>Table 19</i>	
In Hospital Doctor's Fees Expense			<i>Table 73</i>	
<b>Outpatient Expenses</b>				
Surgery - Surgeon Fee			<i>Table 23</i>	$=A*B*C$
Surgery - Facility Fee			<i>Table 23a</i>	
Emergency Room			<i>Table 24</i>	
Laboratory and X Ray Examinations			<i>Table 25</i>	
Physiotherapy			<i>Table 26</i>	
Radiation Therapy and Chemotherapy	<i>Table 3</i>	<i>See Table 4</i>	<i>Table 27</i>	
Durable Medical Equipment and Orthopedic Appliance			<i>Table 28</i>	
Out of Hospital Doctor's Fees Expense			<i>Table 29</i>	
Consultant's Fees Expense			<i>Table 75</i>	
Ambulance Expense			<i>Table 74</i>	

**Table 2 - Development of Manual Claims Cost (continued)**

<i>Coverage</i>	<i>A</i> <i>Claim</i> <i>Cost</i>	<i>B</i> <i>Covered</i> <i>Percentage</i> <i>Adjustment</i>	<i>C</i> <i>Plan</i> <i>Adjustment</i>	<i>D</i> <i>Loss</i> <i>Cost</i>
Miscellaneous and Mandated Benefits				
Alcoholism and Substance Abuse Expense - Inpatient			1.000	
Alcoholism and Substance Abuse Expense - Outpatient				
Diabetes Expense				
Home Health Care Expense			Table 68	
Hospice Care Expense			Table 69	
Mammography and Cervical Cytological Screening Expense				
Colorectal Cancer Screening Expense			1.000	
Breast Cancer Treatment				
Reconstructive Breast Surgery				
Prostate Cancer Screening				
TMJ Expense			Table 42	
Craniofacial Abnormalities Expense				
Acquired Brain Injury Expense	Table 3	See Table 4		=A*B*C
Hearing Impairment Screening				
Bone Mass Measurement Expense			1.000	
Chlamydia Screening Test Expense				
Dental Anesthesia Expense				
Lead Poisoning Screening Expense				
Maternity Testing Expense				
CAT Scan and Magnetic Resonance Imaging			Table 52	
Bone Marrow Transplant Expense				
Clinical Trials Expense			1.000	
Cleft Lip and Cleft Palate Expense				
Abortion Expense - Coverage Included for all			Table 56	
Abortion Expense - Optional Coverage			Table 56	
Psychiatric Conditions Expense - Inpatient			Table 57	
Psychiatric Conditions Expense - Outpatient			Table 58	

*Table 2 - Development of Manual Claims Cost (continued)*

<i>Coverage</i>	<i>A Claim Cost</i>	<i>B Covered Percentage Adjustment</i>	<i>C Plan Adjustment</i>	<i>D Loss Cost</i>
Prescribed Contraceptive Expense	Table 3	See Table 4	1.000	=A*B*C
Medical Foods Expense			1.000	
Drug Treatment of Children's Cancer Expense			1.000	
Rehabilitation Facility			Table 70	
Chiropractic Services			Table 71	
Urgent Care Expense				
Solid Organ Transplant Expense Benefit				
Diagnosis and Treatment of Sleep Disorders				
Wellness Services Expense				
Routine Screening for Sexually Transmitted Disease Expense				
Acupuncture in Lieu of Anesthesia Expense				
Transsexualism / Gender Identity Disorder Expense				
HPV Testing Expense				
Dialysis Treatment Expense				
Dialysis and Filtration Procedures				
Skilled Nursing Facility				
Human Organ and Tissue Transplant Expense				
Dermatological Expense				
Allergy Testing				
Respiratory Therapy				
Prosthetic Appliances and Devices				
Rehabilitative Care - Physical Therapy				
Rehabilitative Care - Occupational Therapy				
Rehabilitative Care - Chiropractic			Table 26	
Rehabilitative Care - Cardiac / Pulmonary			Table 26	
Speech and Hearing Therapy			Table 26	
Injections and / or immunizations				
Preventive Services mandated by PPACA				
Intravenous Home Therapy				
Transcutaneous Electrical Nerve Stimulation				
Preventive Health Services				
Routine Newborn Nursery Care				
Removal of non-malignant warts and lesions				
Braces and Appliances				
Voluntary HIV Screening Test Expense				
Oral Anti-cancer Medications				
Habilitative Services for Children				
Newborn Haring Impairment				
Subtotal			ST = sum of column D	
Risk Classification Factor				RCF
Deductible / Annual Maximum Adjustment				PAF
Lifetime Adjustment Maximum				ALF
Manual Claims Cost				MCC = ST*PAF*ALF

*Table 2a - Example of Development of Manual Claims Cost*

<i>Coverage</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>
	<i>Claim Cost</i>	<i>Covered Percentage Adjustment</i>	<i>Plan Adjustment</i>	<i>Loss Cost</i>
Accidental Death & Dismemberment	6.750		1.000	6.750
Emergency Evacuation Expense Benefit	0.200		0.979	0.196
Security Evacuation Expense Benefit	0.050		0.979	0.049
Repatriation of Remains Expense Benefit	0.020		0.870	0.017
Vision Care Expense	0.000		1.000	0.000
Dental Treatment Expense	0.000		0.000	0.000
Prescribed Medicines Expense	193.910		0.787	152.588
<b>In Hospital Benefits</b>				
Daily Room & Board	312.970	0.765	1.000	239.422
Intensive Care Services	80.540	0.765	1.000	61.613
Miscellaneous Hospital Expense	19.170	0.765	1.780	26.104
Pre-Admission Testing	23.010	0.765	1.000	17.603
Private Duty Nursing	8.344	0.765	1.000	6.383
Physiotherapy	15.650	0.765	0.588	7.041
Surgical Expense	42.340	0.765	1.050	34.010
Anesthesia	19.240	0.765	1.000	14.719
Assistant Surgeon	15.390	0.765	1.000	11.773
In Hospital Doctor's Fees Expense	21.820	0.765	0.853	14.235
<b>Outpatient Expenses</b>				
Surgery - Surgeon Fee	20.490	0.765	1.370	21.475
Surgery - Facility Fee	47.790	0.765	1.370	50.086
Emergency Room	255.710	0.765	1.170	228.873
Laboratory and X Ray Examinations	98.380	0.765	1.050	79.024
Physiotherapy	18.540	0.765	0.299	4.245
Radiation Therapy and Chemotherapy	21.550	0.765	2.370	39.071
Durable Medical Equipment and Orthopedic Appliance	28.510	0.765	1.170	25.518
Out of Hospital Doctor's Fees Expense	142.440	0.765	0.432	47.084
Consultant's Fees Expense	15.820	0.765	0.179	2.161
Ambulance Expense	85.530	0.765	0.529	34.613

*Table 2a - Example of Development of Manual Claims Cost (continued)*

<i>Coverage</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>
	<i>Claim Cost</i>	<i>Covered Percentage Adjustment</i>	<i>Plan Adjustment</i>	<i>Loss Cost</i>
Miscellaneous and Mandated Benefits				
Alcoholism and Substance Abuse Expense - Inpatient	0.000	0.765	1.000	0.000
Alcoholism and Substance Abuse Expense - Outpatient	0.000	0.765	1.000	0.000
Diabetes Expense	3.710	0.765	1.000	2.838
Home Health Care Expense	2.850	0.765	0.750	1.635
Hospice Care Expense	1.950	0.765	1.050	1.566
Mammography and Cervical Cytological Screening Expense	0.000	0.765	1.000	0.000
Colorectal Cancer Screening Expense	0.000	0.765	1.000	0.000
Breast Cancer Treatment	0.000	0.765	1.000	0.000
Reconstructive Breast Surgery	0.000	0.765	1.000	0.000
Prostate Cancer Screening	0.000	0.765	1.000	0.000
TMJ Expense	0.000	0.765	1.000	0.000
Craniofacial Abnormalities Expense	0.000	0.765	1.000	0.000
Acquired Brain Injury Expense	0.000	0.765	1.000	0.000
Hearing Impairment Screening	0.000	0.765	1.000	0.000
Bone Mass Measurement Expense	0.000	0.765	1.000	0.000
Chlamydia Screening Test Expense	0.000	0.765	1.000	0.000
Dental Anesthesia Expense	0.000	0.765	1.000	0.000
Lead Poisoning Screening Expense	0.000	0.765	1.000	0.000
Maternity Testing Expense	0.000	0.765	1.000	0.000
CAT Scan and Magnetic Resonance Imaging	0.000	0.765	1.000	0.000
Bone Marrow Transplant Expense	0.000	0.765	1.000	0.000
Clinical Trials Expense	0.000	0.765	1.000	0.000
Cleft Lip and Cleft Palate Expense	0.000	0.765	1.000	0.000
Abortion Expense - Coverage Included for all	0.000	0.765	1.000	0.000
Abortion Expense - Optional Coverage	0.000	0.765	1.000	0.000
Psychiatric Conditions Expense - Inpatient	0.000	0.765	1.000	0.000
Psychiatric Conditions Expense - Outpatient	0.000	0.765	1.000	0.000

*Table 2a - Example of Development of Manual Claims Cost (continued)*

<i>Coverage</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>
	<i>Claim Cost</i>	<i>Covered Percentage Adjustment</i>	<i>Plan Adjustment</i>	<i>Loss Cost</i>
Prescribed Contraceptive Expense	0.000	0.765	1.000	0.000
Medical Foods Expense	0.000	0.765	1.000	0.000
Drug Treatment of Children's Cancer Expense	0.000	0.765	1.000	0.000
Rehabilitation Facility	0.000	0.765	1.000	0.000
Chiropractic Services	0.000	0.765	1.000	0.000
Urgent Care Expense	0.000	0.765	1.000	0.000
Solid Organ Transplant Expense Benefit	0.000	0.765	1.000	0.000
Diagnosis and Treatment of Sleep Disorders	6.600	0.765	1.000	5.049
Wellness Services Expense	0.000	0.765	1.000	0.000
Routine Screening for Sexually Transmitted Disease Expense	0.000	0.765	1.000	0.000
Acupuncture in Lieu of Anesthesia Expense	0.000	0.765	1.000	0.000
Transsexualism / Gender Identity Disorder Expense	0.000	0.765	1.000	0.000
HPV Testing Expense	0.000	0.765	1.000	0.000
Dialysis Treatment Expense	0.000	0.765	1.000	0.000
Dialysis and Filtration Procedures	0.000	0.765	1.000	0.000
Skilled Nursing Facility	0.000	0.765	1.000	0.000
Human Organ and Tissue Transplant Expense	0.000	0.765	1.000	0.000
Dermatological Expense	0.000	0.765	1.000	0.000
Allergy Testing	0.000	0.765	1.000	0.000
Respiratory Therapy	0.000	0.765	1.000	0.000
Prosthetic Appliances and Devices	0.000	0.765	1.000	0.000
Rehabilitative Care - Physical Therapy	0.000	0.765	1.000	0.000
Rehabilitative Care - Occupational Therapy	0.000	0.765	1.000	0.000
Rehabilitative Care - Chiropractic	0.000	0.765	1.000	0.000
Rehabilitative Care - Cardiac / Pulmonary	0.000	0.765	1.000	0.000
Speech and Hearing Therapy	0.000	0.765	1.000	0.000
Injections and / or immunizations	0.000	0.765	1.000	0.000
Preventive Services mandated by PPACA	0.000	0.765	1.000	0.000
Intravenous Home Therapy	0.000	0.765	1.000	0.000
Transcutaneous Electrical Nerve Stimulation	0.000	0.765	1.000	0.000
Preventive Health Services	0.000	0.765	1.000	0.000
Routine Newborn Nursery Care	0.000	0.765	1.000	0.000
Removal of non-malignant warts and lesions	0.000	0.765	1.000	0.000
Braces and Appliances	0.000	0.765	1.000	0.000
Voluntary HIV Screening Test Expense	3.750	0.765	1.000	2.869
Oral Anti-cancer Medications	0.860	0.765	1.000	0.658
Habilitative Services for Children	0.000	0.765	1.000	0.000
Newborn Haring Impairment	0.000	0.765	1.000	0.000
Subtotal				1177.460
Risk Classification Factor				1.033
Deductible / Annual Maximum Adjustment				0.942
Lifetime Adjustment Maximum				0.990
Manual Claims Cost			MCC	1134.312



**Table 3 - Annual Base Claims Costs**

	Student	Spouse	Child
AD&D, per \$1000 Principal Sum	\$0.27	\$0.58	\$0.29
Emergency Evacuation Expense Benefit	\$0.20	\$0.43	\$0.12
Security Evacuation Expense Benefit	\$0.05	\$0.11	\$0.03
Repatriation of Remains Expense Benefit	\$0.02	\$0.03	\$0.02
Vision Care Expense	<i>See Table 10</i>		
Dental Treatment Expense	\$242.89	\$242.89	\$170.02
Prescribed Medicines Expense	\$193.91	\$344.16	\$251.62
<b>In Hospital Benefits</b>			
Daily Room & Board	\$312.97	\$555.48	\$288.97
Intensive Care Services	\$80.54	\$142.96	\$74.37
Miscellaneous Hospital Expense	\$19.17	\$34.03	\$17.70
Pre-Admission Testing	\$23.01	\$40.84	\$21.25
Private Duty Nursing	\$10.43	\$18.51	\$9.63
Physiotherapy	\$15.65	\$27.77	\$14.45
Surgical Expense	\$42.34	\$75.16	\$28.70
Anesthesia	\$19.24	\$34.16	\$13.05
Assistant Surgeon	\$15.39	\$27.33	\$10.44
In Hospital Doctor's Fees Expense	\$21.82	\$38.72	\$21.81
<b>Outpatient Expenses</b>			
Surgery - Surgeon Fee	\$20.49	\$36.35	\$32.29
Surgery - Facility Fee	\$47.79	\$84.82	\$75.35
Emergency Room	\$255.71	\$453.86	\$373.89
Laboratory and X Ray Examinations	\$98.38	\$174.61	\$162.16
Physiotherapy	\$18.54	\$32.90	\$29.82
Radiation Therapy and Chemotherapy	\$21.55	\$38.27	\$34.00
Durable Medical Equipment and Orthopedic Appliance	\$28.51	\$50.61	\$35.41
Out of Hospital Doctor's Fees Expense	\$142.44	\$252.81	\$281.82
Consultant's Fees Expense	\$15.82	\$28.10	\$31.31
Ambulance Expense	\$28.51	\$50.61	\$35.41

**Table 3 - Annual Base Claims Costs (continued)**

	Student	Spouse	Child
<i>...add these claims costs if expenses not covered by requested coverages</i>			
Alcoholism and Substance Abuse Expense - Inpatient	\$22.42	\$39.80	\$5.00
Alcoholism and Substance Abuse Expense - Outpatient	\$29.84	\$52.97	\$11.99
Diabetes Expense	\$3.71	\$3.71	\$3.48
Home Health Care Expense	\$2.85	\$2.85	\$0.70
Hospice Care Expense	\$1.95	\$1.95	\$0.39
Mammography and Cervical Cytological Screening Expense	\$39.94	\$39.94	\$0.00
Colorectal Cancer Screening Expense	\$0.63	\$0.63	\$0.15
Breast Cancer Treatment	\$0.53	\$0.53	\$0.02
Reconstructive Breast Surgery	\$0.32	\$0.32	\$0.01
Prostate Cancer Screening	\$0.79	\$0.79	\$0.16
TMJ Expense	\$2.90	\$2.90	\$0.87
Craniofacial Abnormalities Expense	\$0.00	\$0.00	\$56.71
Acquired Brain Injury Expense	\$0.27	\$0.27	\$0.27
Hearing Impairment Screening	\$0.00	\$0.00	\$6.03
Bone Mass Measurement Expense	\$3.60	\$3.60	\$0.72
Chlamydia Screening Test Expense	\$1.16	\$1.16	\$0.28
Dental Anesthesia Expense	\$3.05	\$3.05	\$4.44
Lead Poisoning Screening Expense	\$0.00	\$0.00	\$0.30
Maternity Testing Expense	\$12.68	\$25.37	\$0.00
CAT Scan and Magnetic Resonance Imaging	\$8.35	\$8.35	\$6.96
Bone Marrow Transplant Expense	\$0.55	\$0.55	\$0.79
Clinical Trials Expense	\$1.16	\$1.16	\$0.46
Cleft Lip and Cleft Palate Expense	\$0.00	\$0.00	\$25.14
Abortion Expense - Coverage Included for all	\$10.36	\$9.33	\$0.00
Abortion Expense - Optional Coverage	\$38.84	\$34.95	\$0.00
Psychiatric Conditions Expense - Inpatient	\$37.56	\$66.67	\$16.51
Psychiatric Conditions Expense - Outpatient	\$38.79	\$68.86	\$31.18

**Table 3 - Annual Base Claims Costs (continued)**

	Student	Spouse	Child
<i>...add these claims costs if expenses not covered by requested coverages</i>			
Prescribed Contraceptive Expense	\$63.33	\$77.73	\$2.87
Medical Foods Expense	\$0.00	\$0.00	\$1.80
Rehabilitation Facility	\$8.80	\$8.80	\$8.80
Chiropractic Services	\$6.70	\$11.91	\$10.79
Surveillance Tests for Ovarian Cancer Expense	\$1.80	\$1.80	\$0.00
Urgent Care Expense	\$56.00	\$99.41	\$91.38
Solid Organ Transplant Expense Benefit	\$9.72	\$10.50	\$4.50
Diagnosis and Treatment of Sleep Disorders	\$6.60	\$5.27	\$3.96
Wellness Services Expense	\$49.48	\$0.00	\$0.00
Routine Screening for Sexually Transmitted Disease Expense	\$35.26	\$19.02	\$0.00
Acupuncture in Lieu of Anesthesia Expense	\$1.20	\$2.12	\$0.82
Transsexualism / Gender Identity Disorder Expense	\$10.50	\$10.50	\$0.00
HPV Testing Expense	\$9.17	\$7.23	\$0.00
Dialysis Treatment Expense	\$16.19	\$16.19	\$10.79
Dialysis and Filtration Procedures	\$19.43	\$19.43	\$12.96
Skilled Nursing Facility	\$6.47	\$11.49	\$0.00
Human Organ and Tissue Transplant Expense	\$13.89	\$15.00	\$6.43
Dermatological Expense	\$5.89	\$10.46	\$11.66
Allergy Testing	\$35.96	\$63.82	\$86.31
Respiratory Therapy	\$10.43	\$9.36	\$17.99
Prosthetic Appliances and Devices	\$6.60	\$6.60	\$3.43
Rehabilitative Care - Physical Therapy	\$26.39	\$26.39	\$38.38
Rehabilitative Care - Occupational Therapy	\$26.39	\$26.39	\$38.38
Rehabilitative Care - Chiropractic	\$3.96	\$3.96	\$5.76
Rehabilitative Care - Cardiac / Pulmonary	\$1.05	\$1.05	\$1.53
Speech and Hearing Therapy	\$1.32	\$1.32	\$1.92
Injections and / or immunizations	\$24.06	\$42.70	\$46.83
Preventive Services mandated by PPACA	\$77.20	\$137.02	\$142.31
Intravenous Home Therapy	\$0.96	\$1.71	\$1.87
Transcutaneous Electrical Nerve Stimulation	\$0.53	\$0.92	\$0.13
Preventive Health Services	\$54.78	\$97.23	\$100.99
Routine Newborn Nursery Care	\$0.00	\$0.00	\$650.70
Removal of non-malignant warts and lesions	\$15.61	\$15.61	\$9.30
Braces and Appliances	\$7.37	\$13.09	\$9.15
Voluntary HIV Screening Test Expense	\$4.50	\$5.40	\$0.45
Oral Anti-cancer Medications	\$1.03	\$2.22	\$1.34
Oral Anti-cancer Medications	\$0.00	\$0.00	\$110.82
Habilitative Services for Children	\$0.00	\$0.00	\$6.45

*For Accident Only programs, multiply above rates by .22*

**Table 3a - Coverage Limits**

Coverage	Coverage Limits
Accidental Death & Dismemberment	Per \$1,000 of Principal Sum; See Table 72
Emergency Evacuation Expense Benefit	Available limits as shown in Table 8
Security Evacuation Expense Benefit	Available Limits as shown in Table 8
Repatriation of Remains Expense Benefit	Available limits as shown in Table 9
Vision Care Expense	See Table 10
Dental Treatment Expense	Available limits as shown in Table 11, 11a
Prescribed Medicines Expense	Available limits as shown in Table 12
In Hospital Benefits	
Daily Room & Board	Claims Cost at \$3,500 per day. Claims Cost for other daily limits are proportionate. Hospital Admissions Co-Pay: Subtract \$7.34 per \$100 co-pay
Intensive Care Services	Claims Cost at \$7,000 per day. Claims Cost for other daily limits are proportionate
Miscellaneous Hospital Expense	Available limits as shown in Table 15
Pre-Admission Testing	100% of Allowable Charges
Private Duty Nursing	Claims cost at \$100 per unit of service (visit or shift). Other limits are proportionate.
Physiotherapy	Available limits as shown in Table 18
Surgical Expense	Available limits as shown in Table 19
Anesthesia	Claims Cost assumes limit of 25% of Surgical expense. Other limits are proportionate. Use same adjustment factor from Table 19 as used with Surgical Expense.
Assistant Surgeon	Claims Cost assumes limit of 25% of Surgical expense. Other limits are proportionate. Use same adjustment factor from Table 19 as used with Surgical Expense.
In Hospital Doctor's Fees Expense	Table 73
Outpatient Expenses	
Surgery - Surgeon Fee	Available limits as shown in Table 23
Surgery - Facility Fee	Available limits as shown in Table 23a
Emergency Room	Available limits as shown in Table 24
Laboratory and X Ray Examinations	Available limits as shown in Table 25
Physiotherapy	Available limits as shown in Table 26
Radiation Therapy and Chemotherapy	Available limits as shown in Table 27
Durable Medical Equipment and Orthopedic Appliance	Available limits as shown in Table 28
Out of Hospital Doctor's Fees Expense	Available limits as shown in Table 29
Consultant's Fees Expense	Table 75
Ambulance Expense	Table 74

<b>Table 3a - Coverage Limits (continued)</b>	
Coverage	Coverage Limits
Alcoholism and Substance Abuse Expense - Inpatient	Available limits as shown in Table 66
Alcoholism and Substance Abuse Expense - Outpatient	Available limits as shown in Table 66
Diabetes Expense	Same limits as any other Sickness
Home Health Care Expense	Available limits as shown in Table 68
Hospice Care Expense	Available limits as shown in Table 69
Mammography and Cervical Cytological Screening Expense	Same limits as any other Sickness
Colorectal Cancer Screening Expense	Same limits as any other Sickness
Breast Cancer Treatment	Same limits as any other Sickness
Reconstructive Breast Surgery	Same limits as any other Sickness
Prostate Cancer Screening	Same limits as any other Sickness
TMJ Expense	Available limits as shown in Table 42
Craniofacial Abnormalities Expense	Same limits as any other Sickness
Acquired Brain Injury Expense	Same limits as any other Sickness
Hearing Impairment Screening	Same limits as any other Sickness; no deductible applies
Bone Mass Measurement Expense	Same limits as any other Sickness
Chlamydia Screening Expense	Same limits as any other Sickness
Dental Anesthesia Expense	Same limits as any other Sickness
Lead Poisoning Screening Expense	Same limits as any other Sickness
Maternity Testing Expense	Same limits as any other Sickness
CAT Scan and Magnetic Resonance Imaging	Available limits as shown in Table 52
Bone Marrow Transplant Expense	Same limits as any other Sickness
Clinical Trials Expense	Same limits as any other Sickness
Cleft Lip and Cleft Palate Expense	Same limits as any other Sickness
Abortion Expense - Coverage Included for all	Available limits as shown in Table 56
Abortion Expense - Optional Coverage	Available limits as shown in Table 56
Psychiatric Conditions Expense - Inpatient	Available limits as shown in Table 57
Psychiatric Conditions Expense - Outpatient	Available limits as shown in Table 58

**Table 3a - Coverage Limits (continued)**

Coverage	Coverage Limits
Prescribed Contraceptive Expense	Same limits as any other Sickness
Medical Foods Expense	Same limits as any other Sickness
Drug Treatment of Children's Cancer Expense	Same limits as any other Sickness
Rehabilitation Facility	Available Limits as shown in Table 70
Chiropractic Services	Available Limits as shown in Table 71
Urgent Care Expense	Same limits as any other Sickness
Solid Organ Transplant Expense Benefit	Same limits as any other Sickness
Diagnosis and Treatment of Sleep Disorders	Same limits as any other Sickness
Wellness Services Expense	Same limits as any other Sickness
Routine Screening for Sexually Transmitted Disease Expense	Same limits as any other Sickness
Acupuncture in Lieu of Anesthesia Expense	Same limits as any other Sickness
Transsexualism / Gender Identity Disorder Expense	Same limits as any other Sickness
HPV Testing Expense	Same limits as any other Sickness
Dialysis Treatment Expense	Same limits as any other Sickness
Dialysis and Filtration Procedures	Same limits as any other Sickness
Skilled Nursing Facility	Same limits as any other Sickness
Human Organ and Tissue Transplant Expense	Same limits as any other Sickness
Dermatological Expense	Same limits as any other Sickness
Allergy Testing	Same limits as any other Sickness
Respiratory Therapy	Same limits as any other Sickness
Prosthetic Appliances and Devices	Same limits as any other Sickness
Rehabilitative Care - Physical Therapy	Same limits as any other Sickness
Rehabilitative Care - Occupational Therapy	Same limits as any other Sickness
Rehabilitative Care - Chiropractic	Available limits as shown in Table 26
Rehabilitative Care - Cardiac / Pulmonary	Available limits as shown in Table 26
Speech and Hearing Therapy	Available limits as shown in Table 26
Injections and / or immunizations	Same limits as any other Sickness
Preventive Services mandated by PPACA	Same limits as any other Sickness
Intravenous Home Therapy	Same limits as any other Sickness
Transcutaneous Electrical Nerve Stimulation	Same limits as any other Sickness
Preventive Health Services	Same limits as any other Sickness
Routine Newborn Nursery Care	Same limits as any other Sickness
Removal of non-malignant warts and lesions	Same limits as any other Sickness
Braces and Appliances	Same limits as any other Sickness
Voluntary HIV Screening Test Expense	Same limits as any other Sickness
Oral Anti-cancer Medications	Same limits as any other Sickness
Habilitative Services for Children	Same limits as any other Sickness
Newborn Haring Impairment	Same limits as any other Sickness

**Table 4 - Determination of Covered Percentage Adjustment Factor**

	<i>..Health Center...</i>			<i>...Out of Health Center...</i>		
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
	Weight	%Services Provided in setting	Covered Percentage of R&C	Weight	%Services Provided in setting	Covered Percentage of R&C
Hospital Inpatient	26.9%			19.0%		
Hospital Outpatient	21.1%			23.6%		
Surgical Inpatient	5.4%			2.8%		
Surgical Outpatient	6.3%			7.6%		
Office Visits	11.1%			16.8%		
Professional Inpatient	3.4%			2.6%		
Professional Outpatient	1.3%			1.6%		
DX&L	6.9%			8.7%		
Rx	13.6%			13.5%		
Other Services	4.0%			3.8%		

Coinsurance adjustment factor is equal to  $(A*B*C)+(D*E*F)$

**Table 4a - Example of Covered Percentage Adjustment Factor**

**Example**

The following is determined from underwriting information collected by the Company:

30% of Care provided in Health Center; 70% outside Health Center

Health Center charges covered at 80% of R&C; outside of Health Center at 75% of R&C

	<i>..Health Center...</i>			<i>...Out of Health Center...</i>		
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
	Weight	%Services Provided in setting	Covered Percentage of R&C	Weight	%Services Provided in setting	Covered Percentage of R&C
Hospital Inpatient	26.9%	30.0%	80.0%	19.0%	70.0%	75.0%
Hospital Outpatient	21.1%	30.0%	80.0%	23.6%	70.0%	75.0%
Surgical Inpatient	5.4%	30.0%	80.0%	2.8%	70.0%	75.0%
Surgical Outpatient	6.3%	30.0%	80.0%	7.6%	70.0%	75.0%
Office Visits	11.1%	30.0%	80.0%	16.8%	70.0%	75.0%
Professional Inpatient	3.4%	30.0%	80.0%	2.6%	70.0%	75.0%
Professional Outpatient	1.3%	30.0%	80.0%	1.6%	70.0%	75.0%
DX&L	6.9%	30.0%	80.0%	8.7%	70.0%	75.0%
Rx	13.6%	30.0%	80.0%	13.5%	70.0%	75.0%
Other Services	4.0%	30.0%	80.0%	3.8%	70.0%	75.0%
Adjustment =	76.5%					



**Table 5 - Experience Based Rate Calculation Worksheet**

School	XXX U		
Midpoint of New Rating Period	XXX		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Enrollment	E1	E2	E3
Completed Claims	CC1	CC2	CC3
Remove Completed Large Losses	LL1	LL2	LL3
Adjusted Claims	AC1=CC1-LL1	AC2=CC2-LL2	AC3=CC3-LL3
PCF = value of new benefit package / old benefit package	PCF1	PCF2	PCF3
Enter months from midpoint of experience year to midpoint of new rating period	M1	M2	M3
Cumulative Trend	T1	T2	T3
Preliminary Projected Claims	PPC1 = AC1*PCF1*T1	PPC2 = AC2*PCF2*T2	PPC3 = AC3*PCF3*T3
Large Loss Load	LLL1	LLL2	LLL3
Final Projected Claims	PC1 = PPC1*LLL1	PC2 = PPC2*LLL2	PC3 = PPC3*LLL3
Experience Year Weights	EYW1	EYW2	EYW3
Experience Claims Cost	$EC = \frac{(PC1*EYW1 + PC2*EYW2 + PC3*EYW3)}{(EYW1*E1+EYW2*E2+EYW3*E3)}$		
<b>Table 5 Notes:</b>			
LLL = Large Loss Load			
Trend - 7.1% per year			

The PCF is calculated using relationships in this rate manual, policyholder and Company specific information, and other reliable industry data.

**Table 5a - Example of Experience Based Rate Calculation Worksheet**

School	XXX U		
Midpoint of New Rating Period	2/1/2013		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Enrollment	825	850	875
Completed Claims	499,125	561,000	616,875
Remove Completed Large Losses <sup>2</sup>	0	75,000	75,000
Adjusted Claims	499,125	486,000	541,875
PCF	1.23	1.23	1.23
Enter months from midpoint of experience year to midpoint of new rating period	36	24	12
Cumulative Trend	1.228	1.147	1.071
Preliminary Projected Claims	753,898	685,654	713,828
Large Loss Load	1.06	1.06	1.06
Final Projected Claims	799,132	726,793	756,658
Experience Year Weights	0.10	0.30	0.60
Experience Claims Cost		\$871.82	

**Table 5.1 - Credibility Factors**

<b><i>Renewal Business Credibility Factor</i></b>	
Step 1	(Number of Covered Lives/200)
Step 2	Take square root of Step 1
Step 3	Take minimum of Step 2 and 1.00
<b><i>Takeover Business Credibility Factor</i></b>	
Step 1	(Number of Covered Lives/250)
Step 2	Take square root of Step 1
Step 3	Take minimum of Step 2 and 1.00

**Table 6 - Risk Classification Factors**

	Low Value	High Value
<b><i>I. Enrollment Method</i></b>		
Mandatory	0.725	0.775
Mandatory / Upgrade	0.780	0.820
Hard Waiver	0.850	1.150
Voluntary	1.350	1.650
<b><i>II. Underwriting History</i></b>		
Renewal	0.960	1.040
Takeover with <2 years experience	1.045	1.075
Takeover with >2 years experience	1.020	1.040
Virgin Business	1.076	1.084
<b><i>III. Demographic Changes - Age</i></b>		
Increase in average age by 1 year	1.010	1.040
Decrease in average age by 1 year	0.960	0.988
<b><i>IV. Demographic Changes - Foreign Students</i></b>		
Increase in foreign students by 1%	1.005	1.025
Decrease in foreign students by 1%	0.975	0.995
Multiply all the applicable factors		
Minimum factor is .60.		
Maximum factor is 1.40		

**Table 6a - Example of Risk Classification Factors**

<b><i>I. Enrollment Method</i></b>	
Hard Waiver	1.000
<b><i>II. Underwriting History</i></b>	
Renewal	1.000
<b><i>III. Demographic Changes - Age</i></b>	
Increase in average age by 1 year	1.026
<b><i>IV. Demographic Changes - Foreign Students</i></b>	
Increase in foreign students by 0.5%	1.007
Multiply all the applicable factors	1.033

**Table 7 – Development of Gross Premium**

Manual Claims Cost	MCC	See Table 2
Experience Claims Cost	EC	See Table 5
Credibility Factor	CF	See Table 5.1
Experience Adjusted Claims Cost	$EACC = MCC*(1-CF)+EC*CF$	
Target Loss Ratio	TLR	
Gross Premium	$GP = EACC/TLR$	

**Notes**

Gross Premium may be rounded to nearest dollar  
Premium may be split by semesters or other time periods representing less than a year

**Table 7a – Example of Development of Gross Premium**

Manual Claims Cost	\$1,134.31
Experience Claims Cost	\$871.82
Credibility Factor	100.00%
Experience Adjusted Claims Cost	\$871.82
Target Loss Ratio	76.87%
Gross Premium	\$1,134.15

**Notes**

Gross Premium may be rounded to nearest dollar  
Premium may be split by semesters or other time periods representing less than a year

*Note with respect to the Patient Protection and Affordable Care Act (PPACA).* The PPACA contains a number of fees and taxes which may apply to this program during the period for which this rate manual is in effect. As of the date of this filing, the total amount and extent of the fees and taxes is not known. We will charge an additional premium to cover these fees and taxes.

*Note:* The Target Loss Ratio can vary by account, but it is always higher than the state required minimum loss ratio.

**Table 7.1 - Age Banded Rates**

Rates are normally quoted as a flat rate for all ages  
 At the request of the policyholder, rates will be quoted in age bands  
 The following Age Relativities are used

Age Band	Relativity
<25	1.000
25-34	2.017
35-44	2.502
>44	3.000

**Example of Age-Banded Rates**

Step 1	Calculate the Flat Rate from Table 7					1134.15	
Step 2	Develop distribution of Insureds by Age Information provided by policyholder				Age Band	% Total	
					<25	0.85	
					25-34	0.10	
					35-44	0.03	
					>44	0.02	
					Total	1.00	
Step 3	Calculate weighted average rate						
		A	B	C	D		
		Age Band	Flat Rate	Relativity	Age-Adj. Rate	Weighting	Total = C*D
		<25	1134.15	1.000	1134.15	0.85	964.03
		25-34	1134.15	2.017	2287.58	0.10	228.76
		35-44	1134.15	2.502	2837.64	0.03	85.13
		>44	1134.15	3.000	3402.45	0.02	68.05
		Total					1345.97
Step 4	Calculate ratio, R = Step 1 / Step 3				R=		0.842627
Step 5	Recalculate Rates						
		A	B	C	C		
		Age Band	Step 3, C	R	Final Rate	Weighting	Total = A*B*C
		<25	1134.15	0.842627	\$955.67	0.85	812.316
		25-34	2287.58	0.842627	\$1,927.58	0.10	192.758
		35-44	2837.64	0.842627	\$2,391.07	0.03	71.732
		>44	3402.45	0.842627	\$2,867.00	0.02	57.34
		Total					1134.15

These are quoted rates

**Table PAF - Plan Adjustment Factors**

*...Maximum Benefit...*

Deductible	\$5,000	\$6,000	\$7,500	\$10,000	\$15,000	\$20,000
\$0	48.9%	50.6%	52.4%	54.3%	60.3%	67.0%
\$100	43.7%	46.3%	49.0%	51.8%	57.8%	64.5%
\$150	39.1%	42.6%	46.4%	50.6%	56.6%	63.3%
\$200	35.0%	39.3%	44.1%	49.5%	55.5%	62.1%
\$250	31.3%	36.2%	41.9%	48.5%	54.4%	61.1%
\$300	28.0%	33.3%	39.8%	47.4%	53.4%	60.0%
\$500	25.0%	30.1%	36.2%	43.5%	49.4%	56.1%
\$1,000	22.4%	26.2%	30.7%	35.9%	41.6%	48.3%
\$1,500	20.0%	22.8%	26.0%	29.6%	35.2%	41.8%
\$2,000	17.9%	19.9%	22.1%	24.6%	30.0%	36.6%
\$2,500	16.0%	17.3%	18.8%	20.4%	25.6%	32.2%

*...Maximum Benefit...*

Deductible	\$25,000	\$50,000	\$100,000	\$200,000	\$250,000	\$500,000
\$0	74.4%	85.9%	93.5%	96.9%	98.6%	99.6%
\$100	71.9%	83.4%	91.0%	94.4%	96.1%	97.1%
\$150	70.7%	82.3%	89.8%	93.2%	94.9%	95.9%
\$200	69.6%	81.2%	88.7%	92.1%	93.8%	94.8%
\$250	68.6%	80.1%	87.6%	91.0%	92.8%	93.8%
\$300	67.5%	79.1%	86.6%	90.0%	91.7%	92.7%
\$500	63.6%	75.2%	82.7%	86.1%	87.8%	88.8%
\$1,000	56.0%	67.5%	75.1%	78.5%	80.2%	81.2%
\$1,500	49.7%	61.2%	68.8%	72.1%	73.9%	74.9%
\$2,000	44.7%	56.2%	63.8%	67.1%	68.9%	69.9%
\$2,500	40.5%	52.0%	59.5%	62.9%	64.7%	65.7%

*...Maximum Benefit...*

Deductible	\$750,000	\$1,000,000	\$1,250,000	\$2,000,000	Unlimited
\$0	99.8%	100.0%	100.2%	100.5%	101.6%
\$100	97.3%	97.5%	97.7%	98.0%	99.1%
\$150	96.1%	96.3%	96.5%	96.8%	97.9%
\$200	95.0%	95.2%	95.4%	95.7%	96.8%
\$250	94.0%	94.2%	94.3%	94.7%	95.8%
\$300	92.9%	93.1%	93.3%	93.6%	94.7%
\$500	89.0%	89.2%	89.4%	89.7%	90.8%
\$1,000	81.4%	81.6%	81.8%	82.1%	83.2%
\$1,500	75.1%	75.3%	75.5%	75.8%	76.9%
\$2,000	70.1%	70.3%	70.5%	70.8%	71.9%
\$2,500	65.9%	66.1%	66.2%	66.6%	67.7%

**Table ALF - Lifetime maximum as multiple of annual maximum**

	1x	2x	3x	4x	5x	Unlimited
Annual maximum < \$25,000	0.82	0.88	0.94	0.97	0.99	
>= \$25,000; <\$750,000	0.94	0.96	0.98	0.99	1	
Annual Limit = \$750,000						1.02
Annual Limit = \$1,250,000						1.02
Annual Limit = \$2,000,000						1.02
Annual Limit = Unlimited						1.02

**Table 8 - Emergency Evacuation Coverage Limit Adjustments  
Limits**

Deductible	1,000	2,500	5,000	10,000	25,000	50,000
0	23.0%	46.5%	71.0%	88.5%	97.9%	99.8%
25	22.8%	46.1%	70.4%	87.8%	97.2%	99.0%
50	22.5%	45.7%	69.9%	87.1%	96.5%	98.3%
100	22.0%	44.9%	68.8%	85.8%	95.1%	96.9%
250	20.8%	42.8%	65.7%	82.1%	91.1%	93.0%
500	19.1%	40.0%	61.3%	76.6%	85.2%	87.1%
1,000	16.4%	35.2%	53.7%	67.1%	75.0%	76.8%
2,500	11.8%	24.6%	36.2%	45.7%	51.7%	53.4%

  

Deductible	100,000	250,000	500,000	1,000,000	2,000,000	unlimited
0	100.8%	101.8%	102.8%	103.8%	104.8%	105.8%
25	100.0%	101.0%	102.0%	103.0%	104.0%	105.0%
50	99.3%	100.3%	101.3%	102.3%	103.3%	104.3%
100	97.9%	98.9%	99.9%	100.9%	101.9%	102.9%
250	93.9%	94.8%	95.7%	96.7%	97.7%	98.7%
500	87.9%	88.8%	89.7%	90.6%	91.5%	92.4%
1,000	77.6%	78.4%	79.2%	80.0%	80.8%	81.6%
2,500	54.0%	54.5%	55.0%	55.6%	56.2%	56.8%

**Table 9 - Coverage Limit  
Adjustment for Repatriation of  
Remains**

Max. Benefit	Factor
\$1,000	17%
\$2,500	38%
\$5,000	64%
\$10,000	87%
\$15,000	90%
\$25,000	93%
\$50,000	97%
\$100,000	100%
\$250,000	103%
\$500,000	105%
\$1,000,000	107%
Unlimited	110%

**Table 10 - Vision - Derivation of Annual Claims Cost**

Service	Unit Cost	Utilization	Frequency	Cost
	A	B	C	= A x B x C
Exam	\$48.00	49.00%	100%	\$23.52
Contacts	\$80.00	13.80%	50%	\$5.52
Frames	\$57.90	26.90%	50%	\$7.79
SV lenses	\$33.00	17.50%	50%	\$2.89
Bifocal Lenses	\$45.00	3.20%	50%	\$0.72
Trifocal Lenses	\$60.00	6.20%	50%	\$1.86
			Total	\$42.30

Note: modify columns A, B, C as necessary to reflect actual plan provisions

**Table 11  
Dental Adjustment Factors**

	<i>Maximum per Policy Year</i>								
	\$100	\$200	\$250	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$5,000
Preventive/Basic									
100%/100%	42.0%	57.0%	69.0%	81.0%	95.0%	100.0%	104.0%	107.0%	111.2%
100%/90%	40.3%	54.7%	66.2%	77.8%	91.2%	96.0%	99.8%	102.7%	106.8%
100%/80%	38.6%	52.4%	63.5%	74.5%	87.4%	92.0%	95.7%	98.4%	102.2%
100%/70%	37.0%	50.2%	60.7%	71.3%	83.6%	88.0%	91.5%	94.2%	98.0%
100%/60%	35.3%	47.9%	58.0%	68.0%	79.8%	84.0%	87.4%	89.9%	93.4%
100%/50%	33.6%	45.6%	55.3%	64.7%	76.0%	80.0%	83.3%	85.6%	88.8%
100%/40%	31.9%	43.3%	52.6%	61.4%	72.2%	76.0%	79.2%	81.3%	84.2%
90%/90%	37.8%	51.3%	62.1%	72.9%	85.5%	90.0%	93.6%	96.3%	100.1%
90%/80%	36.3%	49.2%	59.6%	70.0%	82.1%	86.4%	89.9%	92.4%	95.9%
90%/70%	34.8%	47.2%	57.1%	67.1%	78.7%	82.8%	86.1%	88.6%	92.1%
90%/60%	33.3%	45.1%	54.6%	64.2%	75.2%	79.2%	82.4%	84.7%	87.9%
90%/50%	31.8%	43.0%	52.1%	61.3%	71.7%	75.6%	78.7%	80.8%	83.7%
90%/40%	30.3%	40.9%	49.6%	58.4%	68.2%	72.0%	75.0%	76.9%	79.6%
80%/80%	33.6%	45.6%	55.2%	64.8%	76.0%	80.0%	83.2%	85.6%	89.0%
80%/70%	32.3%	43.8%	53.0%	62.2%	73.0%	76.8%	79.9%	82.2%	85.4%
80%/60%	30.9%	42.0%	50.8%	59.6%	69.9%	73.6%	76.5%	78.8%	82.0%
80%/50%	29.5%	40.2%	48.6%	57.0%	66.8%	70.4%	73.1%	75.4%	78.6%
80%/40%	28.1%	38.4%	46.4%	54.4%	63.7%	67.2%	69.7%	72.0%	75.2%
70%/70%	29.4%	39.9%	48.3%	56.7%	66.5%	70.0%	72.8%	74.9%	77.8%
70%/60%	28.2%	38.3%	46.4%	54.4%	63.8%	67.2%	69.9%	71.9%	74.7%
70%/50%	27.0%	36.7%	44.5%	52.1%	61.1%	64.4%	67.0%	68.9%	71.6%
70%/40%	25.8%	35.1%	42.6%	49.8%	58.4%	61.6%	64.1%	65.9%	68.4%
60%/60%	25.2%	34.2%	41.4%	48.6%	57.0%	60.0%	62.4%	64.2%	66.7%
60%/50%	24.0%	32.6%	39.5%	46.3%	54.3%	57.2%	59.5%	61.2%	63.6%
60%/40%	22.8%	31.0%	37.6%	44.0%	51.6%	54.4%	56.6%	58.2%	60.4%
50%/50%	21.0%	28.5%	34.5%	40.5%	47.5%	50.0%	52.0%	53.5%	55.6%
50%/40%	19.8%	26.9%	32.6%	38.2%	44.8%	47.2%	49.1%	50.5%	52.5%
40%/40%	16.8%	22.8%	27.6%	32.4%	38.0%	40.0%	41.6%	42.8%	44.5%



**Table 11a - Dental Adjustment Factors**

		...Deductible Amount per Policy Year...					
Co-Pay per Visit	\$0	\$10	\$20	\$50	\$100	\$150	\$200
\$0	1.000	0.936	0.875	0.819	0.644	0.487	0.368
\$5	0.959	0.894	0.833	0.777	0.604	0.450	0.340
\$10	0.918	0.853	0.792	0.736	0.565	0.412	0.312
\$15	0.877	0.812	0.751	0.695	0.526	0.384	0.283
\$20	0.836	0.770	0.710	0.654	0.486	0.356	0.255
\$25	0.795	0.729	0.668	0.613	0.447	0.327	0.229
		...Deductible Amount per Policy Year...					
Co-Pay per Visit	\$250	\$500	\$1,000	\$1,500	\$2,000	\$2,500	
\$0	0.268	0.110	0.070	0.050	0.040	0.035	
\$5	0.249	0.103	0.063	0.043	0.033	0.028	
\$10	0.234	0.097	0.057	0.037	0.027	0.022	
\$15	0.220	0.092	0.052	0.032	0.022	0.017	
\$20	0.207	0.088	0.048	0.028	0.018	0.013	
\$25	0.193	0.084	0.044	0.024	0.014	0.009	
Per Tooth Limit	Limit	Factor					
	\$100	0.450					
	\$200	0.600					
	\$250	0.650					
	\$500	0.800					
	\$750	0.900					
	\$1,000	0.950					
	\$2,500	1.000					

*Multiply the Co-Pay/Deductible factor and the Per-Tooth Limit factor  
Apply adjustment to Claim Cost in Table 3, then apply adjustment from Table 11*

**Pricing Sublimits**

If this benefit contains different limits for different kinds of dentist visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Dental Injury Only	0.210
Impacted Wisdom Teeth	0.120
Dental Abscesses	0.040
Emergency Palliative Care	0.070
All Other	0.560

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 12 - Part 1 - Prescription Drug Expense  
Coverage Limit Adjustments**

- Step 1      Read Plan Specifications (see Table 1a)  
              Look up the Co-Pay
- Step 2      factor  
              This varies by Generic, Brand, Non-formulary
- Step 3      Look up the weighting  
              factor  
              Note: Use actual experience if available
- Step 4      Multiply Step 2 \* Step 3 and add
- Step 5      Look up the maximum benefit factor  
              Multiply Step 4 \* Step
- Step 6      5

Drug Type	Weighting Factor
Generic	0.1630
Brand Name Formulary	0.6077
Brand Name Non-Formulary	0.2293

**Table 12 - Part 2 - Prescription Drug Expense  
Coverage Limit Adjustments**

Formulary - Generic		Formulary - Brand		Non-Formulary			
Co-Pay	Co-Pay Factor	Co-Pay	Co-Pay Factor	Co-Pay	Co-Pay Factor	Covered %	Co-Pay Factor
\$0	1.0000	\$0	1.0000	\$0	1.0000	100%	1.2569
\$5	0.8650	\$5	0.9639	\$5	0.9530	90%	1.1312
\$10	0.7324	\$10	0.9279	\$10	0.9060	80%	1.0055
\$15	0.6186	\$15	0.8918	\$15	0.8593	70%	0.8798
\$20	0.5256	\$20	0.8558	\$20	0.8130	60%	0.7541
\$25	0.4456	\$25	0.8197	\$25	0.7677	50%	0.6285
\$30	0.3793	\$30	0.7842	\$30	0.7240	40%	0.5028
\$35	0.3281	\$35	0.7493	\$35	0.6812	30%	0.3771
\$40	0.2852	\$40	0.7147	\$40	0.6389	20%	0.2514
\$45	0.2493	\$45	0.6810	\$45	0.5987	10%	0.1257
\$50	0.2200	\$50	0.6482	\$50	0.5607	0%	0.0000
\$55	0.1943	\$55	0.6179	\$55	0.5253		
\$60	0.1719	\$60	0.5885	\$60	0.4918		
\$65	0.1548	\$65	0.5600	\$65	0.4588		
\$70	0.1407	\$70	0.5320	\$70	0.4274		
\$75	0.1292	\$75	0.5046	\$75	0.3988		
\$80	0.1195	\$80	0.4784	\$80	0.3722		
\$85	0.1109	\$85	0.4545	\$85	0.3480		
\$90	0.1033	\$90	0.4315	\$90	0.3253		
\$95	0.0966	\$95	0.4102	\$95	0.3042		
\$100	0.0905	\$100	0.3901	\$100	0.2842		
\$110	0.0797	\$110	0.3549	\$110	0.2504		
\$120	0.0705	\$120	0.3250	\$120	0.2245		
\$130	0.0638	\$130	0.2990	\$130	0.2040		
\$140	0.0577	\$140	0.2756	\$140	0.1862		
\$150	0.0526	\$150	0.2553	\$150	0.1717		
\$160	0.0484	\$160	0.2387	\$160	0.1592		
\$170	0.0446	\$170	0.2236	\$170	0.1477		
\$180	0.0411	\$180	0.2097	\$180	0.1373		
\$190	0.0381	\$190	0.1973	\$190	0.1277		
\$200	0.0354	\$200	0.1859	\$200	0.1187		
\$210	0.0328	\$210	0.1751	\$210	0.1109		
\$220	0.0303	\$220	0.1650	\$220	0.1035		
\$230	0.0279	\$230	0.1553	\$230	0.0965		
\$240	0.0256	\$240	0.1462	\$240	0.0902		
\$250	0.0235	\$250	0.1377	\$250	0.0845		
\$275	0.0188	\$275	0.1186	\$275	0.0713		
\$300	0.0149	\$300	0.1022	\$300	0.0611		
\$325	0.0114	\$325	0.0882	\$325	0.0533		
\$350	0.0083	\$350	0.0757	\$350	0.0463		
\$375	0.0061	\$375	0.0650	\$375	0.0397		
\$400	0.0043	\$400	0.0558	\$400	0.0336		
\$425	0.0030	\$425	0.0469	\$425	0.0283		
\$450	0.0022	\$450	0.0389	\$450	0.0253		
\$475	0.0017	\$475	0.0311	\$475	0.0231		
\$500	0.0013	\$500	0.0238	\$500	0.0212		

**Table 12 - Part 3 - Prescription Drug Expense Coverage Limit Adjustments**

Maximum Benefit Per Policy Period

Max.	Factor	Max.	Factor
\$25	0.0271	\$100,000	1.0050
\$50	0.0512	\$200,000	1.0100
\$100	0.0937	\$250,000	1.0150
\$250	0.1928	\$300,000	1.0200
\$500	0.3076	\$400,000	1.0250
\$1,000	0.4549	\$500,000	1.0300
\$2,500	0.6724	\$750,000	1.0350
\$5,000	0.8020	\$1,000,000	1.0400
\$10,000	0.9000	\$1,500,000	1.0450
\$15,000	0.9393	\$2,000,000	1.0500
\$20,000	0.9622	\$2,500,000	1.0550
\$25,000	0.9770	\$3,000,000	1.0600
\$30,000	0.9832	\$5,000,000	1.0650
\$40,000	0.9886	unlimited	1.0700
\$50,000	0.9924		
\$75,000	1.0000		

**Table 12a**

**Example of Prescription Drug Coverage Limit Adjustment**

From Plan Specifications:

Generic Co-Pay	\$10
Brand Name Co-Pay	\$25
Non-Formulary Co-Pay	\$40

Maximum Benefit per Policy Period \$500,000

Drug Type	Co-Pay Adjustment Factor	Weighting Factor	Weighted Average
Generic	0.7324	0.1630	0.1194
Brand Name Formulary	0.8197	0.6077	0.4981
Brand Name Non-Formulary	0.6389	0.2293	0.1465
			0.7640
Maximum Benefit per Policy Period			1.0300
Final Factor			0.7869

**Table 15****Miscellaneous In Hospital**

Daily Max.	Factor
\$500	34.0%
\$750	60.8%
\$1,000	68.4%
\$1,500	72.5%
\$2,000	73.6%
\$2,500	76.1%
\$4,000	79.3%
\$5,000	85.9%
Plan Maximum	178.0%

**Table 18****Physiotherapy - Inpatient****...Maximum Per Coverage Period...**

Max. Per Day	\$25	\$50	\$100	\$150	\$200	\$250	\$300
\$15	3.89%	6.39%	9.45%	11.29%	12.45%	13.31%	14.00%
\$50		8.72%	15.07%	19.96%	23.88%	27.15%	29.92%
\$75			16.32%	22.61%	27.52%	31.94%	35.82%
\$100			17.43%	23.79%	30.15%	35.03%	39.92%
\$200					34.86%	41.22%	47.58%
\$300							52.29%

**...Maximum Per Coverage Period...**

Max. Per Day	\$400	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$5,000
\$15	15.18%	16.12%	18.50%	19.28%	19.57%	19.75%	19.96%
\$50	34.34%	37.62%	46.67%	52.26%	56.12%	58.81%	64.28%
\$75	42.13%	47.27%	62.25%	70.01%	75.90%	80.58%	92.51%
\$100	47.76%	54.29%	75.25%	86.04%	93.34%	99.45%	117.61%
\$200	60.29%	70.06%	108.58%	133.28%	150.50%	162.58%	198.89%
\$300	65.26%	77.85%	127.76%	162.87%	189.07%	209.65%	266.22%

**...Maximum Per Coverage Period...**

Max. Per Day	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000	\$75,000	\$100,000	Plan Max.
\$15								19.96%
\$50	66.16%	66.52%						66.52%
\$75	97.87%	99.24%	99.69%	99.78%				99.78%
\$100	128.56%	131.15%	132.32%	132.86%	133.04%			133.04%
\$200	235.22%	250.52%	257.11%	260.29%	265.72%	266.08%		266.08%
\$300	322.32%	352.84%	370.05%	380.11%	394.96%	398.59%	399.12%	399.12%

**Table 19**

**In Hospital Surgical Expense**

Max. Benefit	Factor
\$250	3.8%
\$500	7.6%
\$750	11.4%
\$1,000	15.2%
\$2,500	38.0%
\$5,000	72.8%
\$7,500	85.4%
\$10,000	89.3%
Plan maximum	105.0%

**Table 23**

**Outpatient Surgery - Surgeon**

Max. Benefit	Factor
\$250	12.6%
\$500	24.9%
\$750	35.2%
\$1,000	44.1%
\$2,000	72.6%
\$3,000	83.3%
\$4,000	94.1%
\$10,000	100.0%
Plan Maximum	137.0%

**Table 23a**

**Outpatient Surgery - Facility**

Max. Benefit	Factor
\$500	12.6%
\$1,000	24.9%
\$1,500	35.2%
\$2,000	44.1%
\$5,000	72.6%
\$7,500	83.3%
\$10,000	94.1%
\$20,000	100.0%
Plan Maximum	137.0%

**Table 24 - Hospital Emergency Room***Maximum Benefit (after Co-Pay)*

Co-Pay	\$25	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000	\$7,500	Plan Max.
\$0	0.0179	0.0716	0.1789	0.3469	0.6173	0.8719	0.9674	1.0000	1.1700
\$50	0.0179	0.0716	0.1780	0.3418	0.6002	0.8390	0.9327	0.9642	1.1342
\$100	0.0179	0.0716	0.1761	0.3368	0.5831	0.8061	0.8980	0.9284	1.0984
\$125	0.0179	0.0716	0.1752	0.3329	0.5746	0.7896	0.8807	0.9105	1.0805
\$150	0.0179	0.0716	0.1743	0.3290	0.5660	0.7731	0.8633	0.8926	1.0626
\$200	0.0179	0.0706	0.1711	0.3213	0.5489	0.7402	0.8286	0.8569	1.0269
\$250	0.0174	0.0688	0.1680	0.3136	0.5319	0.7073	0.7939	0.8211	0.9911
\$300	0.0170	0.0679	0.1638	0.3067	0.5079	0.6753	0.7601	0.7862	0.9562
\$400	0.0163	0.0652	0.1547	0.2872	0.4617	0.6131	0.6944	0.7183	0.8883
\$500	0.0154	0.0615	0.1456	0.2704	0.4181	0.5536	0.6314	0.6531	0.8231
\$1,000	0.0093	0.0374	0.0935	0.1477	0.2131	0.3045	0.3697	0.3827	0.5527

**Table 25****Lab and X-ray Examinations**

Max. Benefit	Factor
\$25	10%
\$100	38%
\$250	65%
\$500	84%
\$1,000	88%
\$2,500	94%
\$5,000	98%
\$7,500	100%
Plan maximum	105%

**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$0 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1380	0.1726	0.2071	0.2416	0.2761	0.3106
\$75	0.2008	0.2510	0.3012	0.3514	0.4016	0.4518
\$100	0.2635	0.3294	0.3953	0.4611	0.5270	0.5929
\$125	0.3263	0.4078	0.4894	0.5710	0.6525	0.7341
\$150	0.3764	0.4705	0.5646	0.6587	0.7528	0.8469
\$200	0.4138	0.5172	0.6207	0.7241	0.8276	0.9310
\$250	0.4323	0.5403	0.6484	0.7565	0.8645	0.9726
\$300	0.4444	0.5556	0.6667	0.7778	0.8889	1.0000
\$350	0.4504	0.5629	0.6755	0.7881	0.9007	1.0133
\$400	0.4547	0.5683	0.6820	0.7957	0.9093	1.0230
\$450	0.4574	0.5718	0.6861	0.8005	0.9148	1.0292
\$500	0.4586	0.5733	0.6879	0.8026	0.9172	1.0319
\$550	0.4598	0.5747	0.6897	0.8046	0.9196	1.0345
\$600	0.4610	0.5762	0.6915	0.8067	0.9220	1.0372
\$750	0.4621	0.5777	0.6932	0.8087	0.9243	1.0398

(\*) net of any Co-Pay

**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$10 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1356	0.1694	0.2033	0.2372	0.2711	0.3050
\$75	0.1983	0.2478	0.2974	0.3470	0.3965	0.4461
\$100	0.2610	0.3263	0.3915	0.4568	0.5220	0.5873
\$125	0.3187	0.3984	0.4781	0.5577	0.6374	0.7171
\$150	0.3588	0.4485	0.5382	0.6279	0.7176	0.8073
\$200	0.3911	0.4889	0.5867	0.6844	0.7822	0.8800
\$250	0.4071	0.5088	0.6106	0.7124	0.8141	0.9159
\$300	0.4180	0.5225	0.6270	0.7315	0.8360	0.9405
\$350	0.4239	0.5299	0.6359	0.7418	0.8478	0.9538
\$400	0.4276	0.5345	0.6414	0.7483	0.8552	0.9621
\$450	0.4300	0.5376	0.6451	0.7526	0.8601	0.9676
\$500	0.4312	0.5391	0.6469	0.7547	0.8625	0.9703
\$550	0.4324	0.5405	0.6486	0.7567	0.8648	0.9729
\$600	0.4334	0.5418	0.6501	0.7585	0.8668	0.9752
\$750	0.4345	0.5432	0.6518	0.7604	0.8691	0.9777

(\*) net of any Co-Pay



**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$20 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1330	0.1663	0.1995	0.2328	0.2660	0.2993
\$75	0.1957	0.2447	0.2936	0.3425	0.3915	0.4404
\$100	0.2585	0.3231	0.3877	0.4524	0.5170	0.5816
\$125	0.3112	0.3889	0.4667	0.5445	0.6223	0.7001
\$150	0.3412	0.4264	0.5117	0.5970	0.6823	0.7676
\$200	0.3684	0.4606	0.5527	0.6448	0.7369	0.8290
\$250	0.3819	0.4774	0.5729	0.6683	0.7638	0.8593
\$300	0.3916	0.4895	0.5874	0.6853	0.7832	0.8811
\$350	0.3975	0.4968	0.5962	0.6956	0.7949	0.8943
\$400	0.4006	0.5007	0.6009	0.7010	0.8012	0.9013
\$450	0.4027	0.5033	0.6040	0.7047	0.8053	0.9060
\$500	0.4039	0.5048	0.6058	0.7068	0.8077	0.9087
\$550	0.4050	0.5063	0.6075	0.7088	0.8100	0.9113
\$600	0.4059	0.5074	0.6089	0.7103	0.8118	0.9133
\$750	0.4069	0.5087	0.6104	0.7121	0.8139	0.9156

(\*) net of any Co-Pay

**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$30 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1305	0.1631	0.1957	0.2284	0.2610	0.2936
\$75	0.1932	0.2416	0.2899	0.3382	0.3865	0.4348
\$100	0.2535	0.3168	0.3802	0.4436	0.5069	0.5703
\$125	0.2986	0.3732	0.4479	0.5225	0.5972	0.6718
\$150	0.3210	0.4013	0.4815	0.5618	0.6420	0.7223
\$200	0.3445	0.4307	0.5168	0.6029	0.6891	0.7752
\$250	0.3568	0.4459	0.5351	0.6243	0.7135	0.8027
\$300	0.3652	0.4564	0.5477	0.6390	0.7303	0.8216
\$350	0.3708	0.4634	0.5561	0.6488	0.7415	0.8342
\$400	0.3735	0.4669	0.5603	0.6536	0.7470	0.8404
\$450	0.3753	0.4691	0.5629	0.6568	0.7506	0.8444
\$500	0.3765	0.4706	0.5647	0.6589	0.7530	0.8471
\$550	0.3776	0.4721	0.5665	0.6609	0.7553	0.8497
\$600	0.3784	0.4729	0.5675	0.6621	0.7567	0.8513
\$750	0.3793	0.4742	0.5690	0.6638	0.7587	0.8535

(\*) net of any Co-Pay

**Table 26**  
**Outpatient Expense - Physiotherapy**

<b>\$40 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1280	0.1600	0.1920	0.2240	0.2560	0.2880
\$75	0.1907	0.2384	0.2861	0.3337	0.3814	0.4291
\$100	0.2459	0.3074	0.3689	0.4303	0.4918	0.5533
\$125	0.2809	0.3512	0.4214	0.4916	0.5619	0.6321
\$150	0.2984	0.3729	0.4475	0.5221	0.5967	0.6713
\$200	0.3194	0.3992	0.4791	0.5589	0.6388	0.7186
\$250	0.3316	0.4144	0.4973	0.5802	0.6631	0.7460
\$300	0.3387	0.4234	0.5081	0.5927	0.6774	0.7621
\$350	0.3437	0.4296	0.5155	0.6015	0.6874	0.7733
\$400	0.3464	0.4331	0.5197	0.6063	0.6929	0.7795
\$450	0.3479	0.4349	0.5219	0.6088	0.6958	0.7828
\$500	0.3491	0.4364	0.5237	0.6109	0.6982	0.7855
\$550	0.3503	0.4379	0.5255	0.6130	0.7006	0.7882
\$600	0.3508	0.4386	0.5263	0.6140	0.7017	0.7894
\$750	0.3517	0.4396	0.5275	0.6155	0.7034	0.7913

(\*) net of any Co-Pay

**Table 27**

**Radiation Therapy and Chemo**

Max. Benefit	Factor
\$25	4.35%
\$100	14.78%
\$250	29.13%
\$500	44.35%
\$1,000	61.74%
\$2,500	82.61%
\$5,000	95.65%
\$7,500	100.00%

Plan  
Maximum 237.00%

**Table 28**

**Durable Medical Equipment**

Max. Benefit	Factor
\$25	4.35%
\$100	14.78%
\$250	29.13%
\$500	44.35%
\$1,000	61.74%
\$2,500	82.61%
\$5,000	95.65%
\$7,500	100.00%

Plan  
Maximum 117.00%

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$0 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0880	0.1101	0.1321	0.1541	0.1761	0.1981
\$25	0.1100	0.1376	0.1651	0.1926	0.2201	0.2476
\$30	0.1320	0.1651	0.1981	0.2311	0.2641	0.2971
\$40	0.1760	0.2201	0.2641	0.3081	0.3521	0.3961
\$50	0.2201	0.2751	0.3301	0.3852	0.4402	0.4952
\$75	0.3201	0.4001	0.4801	0.5602	0.6402	0.7202
\$100	0.4000	0.5000	0.6000	0.7000	0.8000	0.9000
\$125	0.4398	0.5498	0.6597	0.7697	0.8796	0.9896
\$150	0.4596	0.5744	0.6893	0.8042	0.9191	1.0340
\$200	0.4790	0.5988	0.7185	0.8383	0.9580	1.0778
\$250	0.4884	0.6105	0.7326	0.8547	0.9768	1.0989
\$300	0.4928	0.6160	0.7392	0.8624	0.9856	1.1088
\$400	0.4966	0.6207	0.7449	0.8690	0.9932	1.1173
\$500	0.4978	0.6223	0.7467	0.8712	0.9956	1.1201

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$10 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0880	0.1101	0.1321	0.1541	0.1761	0.1981
\$25	0.1100	0.1376	0.1651	0.1926	0.2201	0.2476
\$30	0.1320	0.1651	0.1981	0.2311	0.2641	0.2971
\$40	0.1760	0.2201	0.2641	0.3081	0.3521	0.3961
\$50	0.2160	0.2701	0.3241	0.3781	0.4321	0.4861
\$75	0.3080	0.3851	0.4621	0.5391	0.6161	0.6931
\$100	0.3719	0.4649	0.5579	0.6508	0.7438	0.8368
\$125	0.4037	0.5047	0.6056	0.7065	0.8075	0.9084
\$150	0.4195	0.5243	0.6292	0.7341	0.8389	0.9438
\$200	0.4369	0.5461	0.6553	0.7646	0.8738	0.9830
\$250	0.4453	0.5566	0.6679	0.7793	0.8906	1.0019
\$300	0.4492	0.5614	0.6737	0.7860	0.8983	1.0106
\$400	0.4527	0.5658	0.6790	0.7922	0.9053	1.0185
\$500	0.4538	0.5673	0.6807	0.7942	0.9076	1.0211

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$20 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0880	0.1101	0.1321	0.1541	0.1761	0.1981
\$25	0.1100	0.1376	0.1651	0.1926	0.2201	0.2476
\$30	0.1320	0.1651	0.1981	0.2311	0.2641	0.2971
\$40	0.1720	0.2151	0.2581	0.3011	0.3441	0.3871
\$50	0.2120	0.2651	0.3181	0.3711	0.4241	0.4771
\$75	0.2960	0.3700	0.4440	0.5180	0.5920	0.6660
\$100	0.3438	0.4298	0.5157	0.6017	0.6876	0.7736
\$125	0.3676	0.4595	0.5514	0.6433	0.7352	0.8271
\$150	0.3793	0.4742	0.5690	0.6638	0.7587	0.8535
\$200	0.3948	0.4934	0.5921	0.6908	0.7895	0.8882
\$250	0.4021	0.5027	0.6032	0.7037	0.8043	0.9048
\$300	0.4055	0.5069	0.6083	0.7096	0.8110	0.9124
\$400	0.4088	0.5110	0.6132	0.7154	0.8176	0.9198
\$500	0.4098	0.5122	0.6147	0.7171	0.8196	0.9220

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$30 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0880	0.1101	0.1321	0.1541	0.1761	0.1981
\$25	0.1080	0.1351	0.1621	0.1891	0.2161	0.2431
\$30	0.1280	0.1601	0.1921	0.2241	0.2561	0.2881
\$40	0.1680	0.2101	0.2521	0.2941	0.3361	0.3781
\$50	0.2040	0.2550	0.3060	0.3570	0.4080	0.4590
\$75	0.2760	0.3449	0.4139	0.4829	0.5519	0.6209
\$100	0.3117	0.3897	0.4676	0.5455	0.6235	0.7014
\$125	0.3295	0.4118	0.4942	0.5766	0.6589	0.7413
\$150	0.3392	0.4240	0.5088	0.5936	0.6784	0.7632
\$200	0.3526	0.4408	0.5289	0.6171	0.7052	0.7934
\$250	0.3590	0.4488	0.5385	0.6283	0.7180	0.8078
\$300	0.3619	0.4524	0.5429	0.6333	0.7238	0.8143
\$400	0.3649	0.4561	0.5473	0.6386	0.7298	0.8210
\$500	0.3658	0.4572	0.5487	0.6401	0.7316	0.8230

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 29**  
**Out of Hospital Doctor's Fees Expense**

<b>\$40 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$10	0.0440	0.0550	0.0660	0.0770	0.0880	0.0990
\$20	0.0840	0.1050	0.1260	0.1470	0.1680	0.1890
\$25	0.1040	0.1300	0.1560	0.1820	0.2080	0.2340
\$30	0.1240	0.1550	0.1860	0.2170	0.2480	0.2790
\$40	0.1600	0.2000	0.2400	0.2800	0.3200	0.3600
\$50	0.1920	0.2400	0.2880	0.3360	0.3840	0.4320
\$75	0.2479	0.3098	0.3718	0.4338	0.4957	0.5577
\$100	0.2756	0.3445	0.4134	0.4823	0.5512	0.6201
\$125	0.2893	0.3617	0.4340	0.5063	0.5787	0.6510
\$150	0.2991	0.3738	0.4486	0.5234	0.5981	0.6729
\$200	0.3105	0.3881	0.4657	0.5434	0.6210	0.6986
\$250	0.3159	0.3948	0.4738	0.5528	0.6317	0.7107
\$300	0.3183	0.3978	0.4774	0.5570	0.6365	0.7161
\$400	0.3210	0.4013	0.4815	0.5618	0.6420	0.7223
\$500	0.3218	0.4022	0.4827	0.5631	0.6436	0.7240

(\*) net of any Co-Pay

**Pricing Sublimits**

If this benefit contains different limits for different kinds of doctor visits, follow these rules:

Step 1 - Calculate the claims cost by multiplying the claims cost in Table 3 by :

Urgent Care Facility	0.020
Podiatric Care or Treatment	0.015
Dermatological Care or Treatment	0.080
Acupuncturist Care or Treatment	0.040
Diagnostic Services	0.080
Diagnostic Testing for ADD and Learning Disabilities	0.020
Wellness Services (not included under PPACA)	0.050
All Other	0.695

Step 2 - Multiply each separate claims cost by the internal limit adjustments above

Step 3 - Add the results

**Table 42**

**TMJ Expense**

Max. Benefit	Factor
\$3,500	90%
Plan	
Maximum	100%

**Table 52**

**CAT Scan and Magnetic Resonance Imaging**

Max. Benefit	Factor
\$25	4%
\$100	15%
\$250	29%
\$500	44%
\$1,000	62%
\$2,500	83%
\$5,000	96%
\$7,500	100%
Plan	
maximum	115%

**Table 56**

**Abortion Expense**

Max. Benefit	Factor
\$150	83%
\$200	87%
\$250	91%
\$300	93%
\$450	99%
\$500	100%
Plan	
maximum	178%

**Table 57**

**Psychiatric Conditions Expense - Inpatient**

Max. Benefit	Factor
\$500	8%
\$1,000	17%
\$2,000	27%
\$2,500	40%
\$5,000	62%
\$10,000	77%
\$25,000	89%
\$50,000	100%
Plan	
maximum	105%



<b>Table 58</b>		
<b>Psychiatric Conditions Expense - Outpatient</b>		
Max. Benefit	Factor	
\$500	19%	
\$1,000	35%	
\$2,000	40%	
\$2,500	57%	
\$5,000	77%	
\$10,000	92%	
\$25,000	95%	
\$50,000	100%	
Plan maximum	105%	

<b>Table 65</b>		
<b>Well-Care for Children Expense</b>		
Max. Benefit	Factor	
\$50	10%	
\$100	38%	
\$150	65%	
\$200	84%	
\$250	88%	
\$300	94%	
\$400	98%	
\$500	100%	

<b>Table 66</b>		
<b>Alcoholism and Substance Abuse Expense - Outpatient</b>		
Max. Benefit	Factor	
\$8,000	27%	
\$10,000	40%	
\$12,500	62%	
\$15,000	77%	
\$20,000	89%	
Plan maximum	105%	

**Table 68**

**Home Health Care Expense**

Max. Days	Factor
15	50%
20	63%
30	75%
45	85%
60	92%
90	98%
120	100%

**Table 69**

**Hospice Care Expense**

Max. Benefit	Factor
\$6,000	62%
\$7,500	68%
\$10,000	75%
\$15,000	81%
\$20,000	84%
\$25,000	86%
\$30,000	88%
\$50,000	100%
Plan maximum	105%

**Table 70**

**Rehabilitation Facility -  
Assumes \$100 Daily Benefit**

Max. Days	Factor
7	0.2074
14	0.3894
21	0.5459
30	0.7096
60	0.8258
90	0.9129
180	1.0000

**Table 71  
Therapy**

*Maximum Per Coverage Period*

Maximum Per	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$5,000	\$10,000
Visit	91.5%	92.7%	93.8%	94.6%	95.4%	97.5%	100.0%
\$15	176.0%	178.0%	180.0%	182.0%	183.0%	188.0%	192.3%
\$50	236.0%	239.0%	242.0%	244.0%	246.0%	252.0%	258.3%
\$75	297.0%	301.0%	304.0%	307.0%	309.0%	316.0%	324.2%
\$100	538.0%	545.0%	551.0%	556.0%	561.0%	574.0%	588.0%
\$200	780.0%	790.0%	799.0%	806.0%	812.0%	831.0%	851.8%
\$300	1021.0%	1034.0%	1046.0%	1056.0%	1064.0%	1088.0%	1115.5%
\$400	1262.0%	1279.0%	1293.0%	1305.0%	1316.0%	1345.0%	1379.3%
\$500							

**Table 72**

**Annual Claims Cost - Expressed as % of AD Claims Cost  
Per \$1000 Total Benefit**

Common Carrier Benefit	0.0117
Coma Benefit	0.0350
Modification Benefit	0.0200
Loss of one finger or one toe	0.1122
Loss of one arm or one leg	0.0358
Loss of one hand or one foot	0.0716
Loss of two or more fingers or toes in any combination	0.0782
Loss of sight in one eye	0.0076
Loss of hearing in one ear	0.0760
Loss of both arms or both legs or one arm and one leg	0.0067
Loss of both hands or both feet or one hand and one foot	0.0134
Loss of sight in both eyes	0.0014
Loss of hearing in both ears	0.0220
Loss of ability to speak	0.0150
Paraplegia or hemiplegia	0.0312
Quadriplegia	0.0106

**Table 73 - In Hospital Doctor Visits**

*Maximum Benefit (after Co-Pay)*

Co-Pay	\$50	\$100	\$150	\$200	\$250	\$300	\$400	\$500	\$750
\$0	0.2883	0.5436	0.7440	0.8528	0.9112	0.9420	0.9730	0.9873	1.0000
\$10	0.2817	0.5260	0.7081	0.8068	0.8597	0.8874	0.9168	0.9302	0.9423
\$20	0.2751	0.5084	0.6722	0.7609	0.8082	0.8329	0.8606	0.8730	0.8847
\$30	0.2685	0.4909	0.6363	0.7149	0.7567	0.7783	0.8044	0.8159	0.8270
\$40	0.2619	0.4733	0.6004	0.6689	0.7052	0.7238	0.7481	0.7587	0.7694

**Table 74  
Ambulance Expense**

Max. Benefit	Factor
\$50	0.0533
\$100	0.1067
\$200	0.2134
\$250	0.2667
\$300	0.3200
\$400	0.4260
\$500	0.5290
\$750	0.7737
\$1,000	1.0000

**Table 75  
Consultant's Fee Expense**  
*Maximum Visits per Year*

\$0 Co-Pay Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.4030	0.4214	0.4351	0.4466	0.4534	0.4580
\$150	0.4836	0.5056	0.5221	0.5359	0.5441	0.5496
\$200	0.6301	0.6587	0.6802	0.6981	0.7088	0.7160
\$250	0.7619	0.7965	0.8225	0.8442	0.8571	0.8658
\$300	0.8790	0.9190	0.9490	0.9739	0.9889	0.9989
\$350	0.9374	0.9800	1.0119	1.0386	1.0545	1.0652
\$400	0.9810	1.0256	1.0591	1.0869	1.1037	1.1148
\$450	1.0099	1.0558	1.0902	1.1189	1.1361	1.1476
\$500	1.0241	1.0707	1.1056	1.1347	1.1522	1.1638
\$550	1.0384	1.0856	1.1210	1.1505	1.1682	1.1800
\$600	1.0527	1.1005	1.1364	1.1663	1.1842	1.1962
\$750	1.0733	1.1221	1.1587	1.1892	1.2075	1.2197

(\*) net of any Co-Pay

**Table 75**  
**Consultant's Fee Expense**

<b>\$10 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.4030	0.4214	0.4351	0.4466	0.4534	0.4580
\$150	0.4807	0.5025	0.5189	0.5325	0.5407	0.5462
\$200	0.6272	0.6557	0.6771	0.6949	0.7056	0.7127
\$250	0.7531	0.7873	0.8130	0.8344	0.8472	0.8558
\$300	0.8584	0.8975	0.9267	0.9511	0.9657	0.9755
\$350	0.9168	0.9585	0.9897	1.0158	1.0314	1.0418
\$400	0.9545	0.9979	1.0305	1.0576	1.0739	1.0847
\$450	0.9805	1.0251	1.0585	1.0863	1.1031	1.1142
\$500	0.9948	1.0400	1.0739	1.1021	1.1191	1.1304
\$550	1.0090	1.0549	1.0893	1.1179	1.1351	1.1466
\$600	1.0218	1.0682	1.1030	1.1321	1.1495	1.1611
\$750	1.0417	1.0891	1.1246	1.1542	1.1720	1.1838

(\*) net of any Co-Pay

**Table 75**  
**Consultant's Fee Expense**

<b>\$20 Co-Pay</b> Payable per visit(*)	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.4030	0.4214	0.4351	0.4466	0.4534	0.4580
\$150	0.4778	0.4995	0.5158	0.5293	0.5375	0.5429
\$200	0.6243	0.6526	0.6739	0.6917	0.7023	0.7094
\$250	0.7443	0.7781	0.8035	0.8247	0.8373	0.8458
\$300	0.8378	0.8759	0.9045	0.9283	0.9426	0.9521
\$350	0.8962	0.9369	0.9675	0.9929	1.0082	1.0184
\$400	0.9280	0.9702	1.0019	1.0282	1.0441	1.0546
\$450	0.9511	0.9943	1.0268	1.0538	1.0700	1.0808
\$500	0.9654	1.0092	1.0422	1.0696	1.0860	1.0970
\$550	0.9796	1.0241	1.0575	1.0854	1.1021	1.1132
\$600	0.9909	1.0359	1.0697	1.0979	1.1147	1.1260
\$750	1.0101	1.0560	1.0904	1.1191	1.1363	1.1478

(\*) net of any Co-Pay

<b>Table 75</b>						
<b>Consultant's Fee Expense</b>						
<b>\$30 Co-Pay</b>	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
Payable per visit(*)						
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.4015	0.4198	0.4335	0.4449	0.4517	0.4563
\$150	0.4748	0.4963	0.5125	0.5260	0.5341	0.5395
\$200	0.6184	0.6465	0.6676	0.6851	0.6957	0.7027
\$250	0.7355	0.7689	0.7940	0.8149	0.8274	0.8358
\$300	0.8173	0.8545	0.8824	0.9056	0.9195	0.9288
\$350	0.8727	0.9124	0.9421	0.9669	0.9818	0.9917
\$400	0.9016	0.9426	0.9734	0.9990	1.0144	1.0246
\$450	0.9217	0.9636	0.9950	1.0212	1.0369	1.0474
\$500	0.9360	0.9785	1.0104	1.0370	1.0530	1.0636
\$550	0.9502	0.9934	1.0258	1.0528	1.0690	1.0798
\$600	0.9601	1.0037	1.0365	1.0637	1.0801	1.0910
\$750	0.9785	1.0229	1.0563	1.0841	1.1008	1.1119

(\*) net of any Co-Pay

<b>Table 75</b>						
<b>Consultant's Fee Expense</b>						
<b>\$40 Co-Pay</b>	<i>Maximum Visits per Year</i>					
	5	10	20	30	60	90
Payable per visit(*)						
\$50	0.1612	0.1685	0.1740	0.1786	0.1814	0.1832
\$75	0.2418	0.2528	0.2611	0.2679	0.2721	0.2748
\$100	0.3224	0.3371	0.3481	0.3572	0.3627	0.3664
\$125	0.3986	0.4167	0.4303	0.4416	0.4484	0.4529
\$150	0.4719	0.4933	0.5094	0.5228	0.5308	0.5362
\$200	0.6096	0.6373	0.6581	0.6754	0.6858	0.6927
\$250	0.7266	0.7596	0.7844	0.8051	0.8174	0.8257
\$300	0.7968	0.8330	0.8601	0.8828	0.8963	0.9054
\$350	0.8462	0.8847	0.9135	0.9376	0.9520	0.9616
\$400	0.8752	0.9149	0.9448	0.9696	0.9846	0.9945
\$450	0.8923	0.9329	0.9633	0.9887	1.0039	1.0140
\$500	0.9066	0.9478	0.9787	1.0044	1.0199	1.0302
\$550	0.9208	0.9627	0.9941	1.0202	1.0359	1.0464
\$600	0.9292	0.9714	1.0031	1.0295	1.0453	1.0559
\$750	0.9469	0.9899	1.0222	1.0491	1.0652	1.0760

(\*) net of any Co-Pay

Note applicable for all Tables after Table 7.1:

- If a specific benefit limit / deductible is not shown in the table, linear interpolation will be used to calculate the adjustment factor.
- The rates shown are for the most common plan design. Rates for other plan designs will be determined on an actuarially consistent basis. Accounts that have non-standard plan designs will be subject to home office referral.

# **National Union Fire Insurance Company of Pittsburgh, Pa.**

## **Actuarial Memo Rate Filing for Form S30749NUFIC-SRP-DC**

### **Item 1. Scope & Purpose**

This actuarial memorandum was prepared to accompany a new form filing.

### **Item 2. Benefit Description**

The policy provides coverage to eligible college students and their spouses and children. Coverage is provided for medical expenses for qualifying accidents or accidents and sicknesses. Additional ancillary coverages are available as described in the policy.

### **Item 3. Renewability**

The Policy is issued for a stated Policy Term, usually corresponding with a school year. Students may generally renew coverage for the following school year if the Policy is renewed for another year and the student continues to meet the eligibility conditions.

### **Item 4. Applicability**

This filing applies to all new Insureds under the above referenced policy form.

### **Item 5. Morbidity**

Morbidity is generally determined based on prior experience of the group.

The Rate Manual also contains Manual Claims Costs that are used in the following situations:

- Prior experience is not available
- Experience is not fully credible
- A change in Plan Design causes a change in the premium rate

### **Item 6. Mortality**

Mortality is based on US population mortality.

**National Union Fire Insurance Company of Pittsburgh, Pa.**

**Actuarial Memo  
Rate Filing for  
Form S30749NUFIC-SRP-DC**

**Item 7. Persistency**

It is expected 63% of students re-enroll for this program each year.

**Item 8. Expenses and Commissions**

<b>Expense Category</b>	<b>% Premium</b>
State Taxes, Licenses, Fees	2.523%
Commission and Brokerage	0.780%
Claims Administration	6.070%
Home Office Expense	8.760%
Profits and Contingencies	5.000%
Total	23.133%

**Item 9. Marketing**

The program will be marketed through colleges and universities to eligible students and their families.

**Item 10. Pre-Existing Condition Limitations and Underwriting**

The plan is available on a guaranteed issue basis. Pre-existing conditions may not be covered subject to the terms and conditions of the policy.

**Item 11. Premium Classes**

Premiums vary by student, spouse, and number of children.

**Item 12. Issue Age Limits and Coverage Duration**

Coverage is available at all ages.

Coverage begins on the Effective Date as described in the policy and ends at the end of semester or school year for which coverage was purchased, subject to any Extended Coverage provision of the Policy.



# **National Union Fire Insurance Company of Pittsburgh, Pa.**

## **Actuarial Memo Rate Filing for Form S30749NUFIC-SRP-DC**

### **Item 13. Area Factors**

There are no area factors.

### **Item 14. Average Annual Premium**

The average premium for 2013-2014 is expected to be \$176.72.

### **Item 15. Premium Modalization Rules**

Premiums are stated as annual. Premiums may be split by semester or by some other partition of the year.

### **Item 16. Claim Liability and Reserves**

Claim Reserves and Liabilities will be established by a combination of Lag Studies, case level reserves, and analysis of claim inventories.

### **Item 17. Active Life Reserves**

No Active Life Reserves will be held for this coverage.

### **Item 18. Trend Assumption**

Trend is determined from the actual experience of each group, company data, and published indexes. A reasonable expectation for trend is 7.10% per year.

### **Item 19. Minimum Required Loss Ratio**

The Minimum Required Loss Ratio in this state for this type of insurance is 50%. The anticipated Loss Ratio of 76.867% is higher than the state minimum required loss ratio.

Under PPACA, the minimum required loss ratio for this type of insurance is determined on a countrywide basis, combining results for all states. Under PPACA, this program is considered Individual business with a minimum loss ratio of 80%. Loss ratios under PPACA are calculated as (see 45 CFR 158.211):

Incurred Claims, divided by Earned Premium, less federal taxes, and less state and local taxes, licenses and fees.

In determining a Loss Ratio for pricing purposes the federal and state taxes must be projected. For federal taxes, we assume a federal tax rate of 35%. For state and local taxes, licenses, fees and assessments, we use the historical countrywide average for this Company.

**National Union Fire Insurance Company of Pittsburgh, Pa.**

**Actuarial Memo  
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Form S30749NUFIC-SRP-DC**

The impact of these adjustments is to lower the actual Loss Ratio. This calculation produced a required minimum loss ratio of 76.60%. The details of this calculation:

Item		Expressed as a % of Premium	Source
A	Minimum Loss Ratio	0.8	This is considered Individual business under PPACA
B	Profit	0.05	Assumed Profit, see Item 8
C	FIT Rate	0.35	Corporate Marginal Tax Rate
D	Federal Taxes	0.0175	=B*C
E	State Taxes, Licenses, Fees	0.02500	Countrywide average, derived from most recent Annual Statement
F	Adjusted PPACA Minimum Loss Ratio	0.7660	=A*(1-(D+E)), rounded to 4 places

In performing this calculation, we did not include other items that also lower the loss ratio, such as expenses for activities that improve the quality of health care. It is our belief that the anticipated countrywide loss ratio equals or exceeds the minimum PPACA loss ratio.

**Item 20. Anticipated Loss Ratio**

The anticipated loss ratio is at least 76.867%. The anticipated Loss Ratio is calculated as:  
Projected Incurred Claims / Projected Earned Premiums

**Item 21. Distribution of Business**

Ages	%Business
0 - 24	81%
25-49	15%
50+	4%
Total	100%

**National Union Fire Insurance Company of Pittsburgh, Pa.**

**Actuarial Memo  
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**Item 22. Experience on the Form**

This is a new form. There is no historical experience on this form.

**Item 23. Lifetime Loss Ratio**

The lifetime loss ratio is 76.867%.

**Item 24. History of Rate Adjustments**

None. This is a new form.

**Item 25. Number of Policyholders**

None. This is a new form.

**Item 26. Proposed Effective Date**

We propose to have rates effective coincident with state approval.

**Item 27. Actuarial Certification**

I certify that to the best of my knowledge and belief, the entire rate filing is in compliance with the applicable laws of the state where filed and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8, 'Regulatory Filings for Rates and Financial Projections for Health Plans', the premium schedule is reasonable, not excessive, inadequate or unfairly discriminatory, and that the benefits are reasonable in relation to the proposed premiums.



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Thomas G. Coulter, FSA  
Consulting Actuary

February 6, 2013